

'FLESH AND BLOOD': NOTIONS OF RELATEDNESS
AMONG SOME URBAN ENGLISH WOMEN

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ABSTRACT

This study, concerned with perceptions of relatedness, is partly based on tape-recorded, semi-structured discussions with ninety-seven English women. Except in the case of my principal informant, these discussions took place in a London family planning clinic over two, six-month fieldwork periods during 1985 and 1987. Discussions with my principal informant, who was recruited through an ante-natal clinic, took place over a four and a half year period. The study also analyses eighty drawings of the body made by sixteen of the informants.

The study suggests that the expressions 'blood' and 'flesh and blood' which are used by informants to describe 'kinship' relationships denote the recognition of a common identity, but do not consistently refer to a biological relationship. Instead, these expressions appear to indicate a complex model of procreation which incorporates both social and biomedical knowledge. This model appears to inform a view of relatedness which includes understandings of biomedical genetics and certain notions of 'openness', 'closeness' and 'sameness' which can be interpreted in either physical or metaphysical terms. These notions have implications for the way in which the body and individuality are perceived. It is suggested, for example, that in certain circumstances, the 'person' and the 'body' are not isometric for those of the same 'flesh and blood'.

The study is thus particularly concerned with the cultural construction of the body and the way in which the relationships between such constructed bodies are understood. It aims to contribute towards an understanding of the little-examined ontological basis of western 'kinship', particularly in the context of new reproductive technologies which stress genetic relatedness.

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CHAPTER ONE

INTRODUCTION AND METHODOLOGY

1.1) The problem

This dissertation is concerned with perceptions of procreation and relatedness among a number of young English women. Fieldwork conducted in London between 1985 and 1987 was originally concerned with identifying the symbolic importance which informants attached to reproductive structures and functions. Various debates accompanying the development of new reproductive technologies, such as *in vitro* fertilisation (IVF), initially provided no more than an interesting backdrop to the research. However, through the difference in content between these debates and my informants' comments, I gradually became aware of a tension between two different worldviews, lay and biomedical, which demanded a shift of focus in the research. This tension became evident in a number of ways. For example, one of the most clearly articulated justifications for the development of the new technologies offered by biomedical practitioners has been the supposed importance of genetic links between parents and children. This stress on biological connection is wholly consistent with a biomedical view of reproduction, but the significance of such a linkage in lay perceptions of relatedness has remained largely assumed. Indeed, at the very time that these technologies were being defended on the basis of the genetic links they made possible, my informants were indicating that, for them, the biological relationship was of ambiguous, if not marginal, importance. This suggested the possibility of two, co-existing conceptual 'systems', with one informed by a biomedical understanding of reproduction, and the second - the focus of this study - concerned with a non-medicalised perception of 'procreation'.

To clarify this distinction, the term 'procreation' is used in this work in accordance with Delaney's definition. She states that procreation

is to do with the symbols, meanings and beliefs by which life is thought to come into being. It provides a view of what life is, how and by what or whom it comes into being and for what purpose, what the person is (both male and female), how persons are related to each other, the non-human world and the cosmos. (1986: 506)

Thus procreation can be understood as a symbolic construction which reflects or expresses categories and meanings of a specific culture; understandings of parenthood, for example, are embedded in a system from which they cannot be abstracted.

In contrast, there is within biomedical knowledge² concerning reproduction an emphasis on the physiological processes of conception, pregnancy, birth and lactation. While such processes can be modified, for example by maternal diet or health care provision, under ideal conditions they will remain more or less constant cross-culturally. The nature of the relation between the genetrix and the child in her womb, for example, is understood to be universally the same. Moreover, the increasing use of new reproductive technologies, such as IVF and, particularly, pre-natal screening, suggests that biomedical understandings of reproduction are increasingly informed by the science of genetics.³

This dissertation examines the problem of why, despite appearing to privilege biomedical understandings of reproduction, informants often downplay the significance of biological connection for the recognition of relatedness.⁴

1.2) Summary of the argument

The study addresses this problem through an analysis of tape-recorded discussions and drawings by ninety-six women attending a family planning clinic in central London. In addition, I include data from a woman I refer to as my principal informant, with whom I worked over a period of four and a half years, using a variety of research methods. I also incorporate additional material such as governmental reports, legislation, and medical texts.

The data suggest two, significant and inter-connected themes. The first of these refers to informants' perceptions of procreation. It appears that informants believe⁴ that male and female biological parents make an equal contribution towards the creation of a child. This contribution is understood in terms of the genetic material which is passed on from each parent and goes to form the substance of the child. The precise way in which informants perceive this genetic material remains unclear but it seems to share some elements with biomedical models of inheritance and development. Co-existing with this belief, however, is another in which a unique, creative power is attributed to the male parent who 'impregnates' a woman; in other words, the male is perceived to initiate pregnancy. The female parent, in turn is recognised to provide a unique caring role, with nurturance continuing not only throughout the periods of gestation and lactation, but also through the early years of the infant's life. This aspect of my informants' 'model' of procreation can be seen, not only to parallel cultural perceptions of gender, but to mirror Christian creation mythology, such as that of the Virgin Birth. Thus, informants'

perceptions of procreation appear to incorporate a number of influences and to integrate seemingly contradictory premises. This complex of beliefs, and the first theme found within the data, I refer to as the 'ontogenetic model'.⁵

The second theme suggested by the data concerns informants' perceptions of relatedness. In correspondance with their two-tiered model of procreation, informants hold a dualistic notion of relatedness which is partly informed by understandings of genetic inheritance and, additionally, by certain 'principles' which can be interpreted in either physical or metaphysical terms. I refer to these principles as those of 'closeness', 'sameness' and 'openness'. It has to be emphasised, however, that these are not equally stressed by informants, nor always explicitly articulated by them. For example, 'closeness' was very much an integral part of informants' discourse on social relationships and was used to refer both to physical and emotional intimacy. 'Openness' was often used in describing the conditions necessary for 'close' family relationships, but it was also used more tentatively to describe a physical pre-condition for intimacy within other social relationships. Finally, 'sameness' was an expression that was rarely used by informants explicitly, but is nonetheless discernable as an ontological principle which underpins the way in which family relationships are perceived. This 'sameness' was ambiguous in that it might refer to physical or metaphysical similarity.

These principles were most clearly expressed in the discourse of relatedness concerning 'blood' and 'flesh and blood'. A 'blood' relationship was one in which common substance (such as shared genes) was recognised but, more importantly, one where a common identity and common interests were acknowledged.⁶ Additionally, 'flesh and blood' appeared to refer to a core group of 'blood' relationships and to represent the epitome of 'sameness' and 'closeness'. This group was largely comprised of grandparents, parents and children, who shared the closest approximation to 'sameness' in terms of *substance*, such as genetic material, but perhaps more significantly, shared in the collective and morally charged task of 'upbringing', or the 'raising' of a child to full personhood.

An examination of the metaphors used by informants in referring to this process suggests that those of the same 'flesh and blood' not only 'raise' a child to the physical and moral stance of uprightness but, by remaining 'close', provide the kind of support which helps to maintain this existential position.⁷ These 'positional' metaphors are discussed more fully in Chapter Seven, but attention is drawn to them as they occur throughout the text of this dissertation, by the use of bold print.

1.3) The location of the study within anthropology

In order to elucidate informants' understanding of procreation, discussions were guided over a range of issues. These included perceptions of Christian cosmology; of the 'person' and the 'soul'; of the phenomenal and gendered body, its integrity and its effluvia; of the notion of 'family'; of attitudes towards incest; of the meanings of 'blood' and 'flesh and blood' as well as responses to the potential offered by the new reproductive technologies. As such, this work does not fall into any one theoretical field but touches on a number of debates within and tangential to anthropology. I shall only expand on a few of these here.

Epistemology

To begin with this study is relevant to epistemological questions within anthropology. It has been claimed, for example, that the modern, western layperson is rarely more scientific in outlook than the traditional African villager (Horton 1967). The views of informants can therefore be examined within the context of the debate about scientific and non-scientific thought.⁸ I do not want to enter the debate about rationality;⁹ but agree with Turner (1979) who suggests that rationality is the embodiment of a particular set of cultural values and part of a world which esteems the achievement of goals, efficiency and control. Rationality would therefore seem to be an inherent part of a particular system of knowledge which values such achievements, rather than the yardstick by which all knowledge and belief systems may be judged.¹⁰

Thus I follow Jackson who has said:

Beliefs have no reality apart from the people who make use of them, and to try to see how beliefs *correspond* to some allegedly

"objective" reality or how they *cohere* as a so-called 'system' seems to me far less edifying than trying to see what people do with beliefs in *coping* with the exigencies of life. (1989: 101)

The fallacy of representing scientific and non-scientific thought as if they are clearly delineated and opposed modes of thought has been well described. For example, the dichotomy of untamed versus domesticated thought proposed by Lévi-Strauss (1966) is one in which non-scientific (or untamed) thought is characterised by intuition and the use of metaphorical and metonymical relations which Lévi-Strauss thought absent from science. By combining and recombining a given stock of symbols, untamed thought is therefore a kind of *bricolage* and directed entirely at the concrete, in contrast to western scientific thought, which operates at an entirely abstract level.

Lévi-Strauss's argument has been undermined in a number of respects. For instance, Tambiah (1973: 199) demonstrates that both science and what he calls 'magic' are characterised by analogical thought; science consists of making the known or the apprehended serve as a model for the incompletely known in any phenomenon. Similarly, Barnes (1974) finds that much scientific thought is analogical or metaphorical. According to Boyd (1979), there are cases where metaphorical expression (if only for a time) constitutes an irreplaceable part of the linguistic aspect of scientific theory. Moreover, these metaphors are not only expressive but constitutive of the theories they express. In sum, the description of the *bricoleur* does not seem altogether inappropriate for the natural scientist, even if the scientist is more explicitly rule-guided than others."

On this basis, the model of procreation my informants hold is not necessarily founded on a different *mode* of thought to that which informs biomedicine. Indeed, one of the interesting aspects of the ontogenetic model is the way in which it incorporates aspects of biomedical knowledge concerning reproduction. Such inter-penetrations of 'folk' and orthodox knowledge have been widely observed; Leach (1982) noted that not only do virtually all societies have more than one culture within their borders, but that within 'complex' societies at least, a further sub-division occurs in which groups acquire their own values and concepts. MacCormack (1982) notes how doctors and other health professionals may hold one working model and their patients another. However, she suggests that a 'folk' perspective may be maintained despite a more 'orthodox' model being presented through education. Eisenberg (1977), among others, has noted an interplay between the knowledge of medical and lay communities; he claims that as new concepts become common property, they may merge, displace or co-exist with pre-existing lay beliefs, despite logical incompatibilities.^{12,13} This suggests that it is quite possible for an individual to hold different types of knowledge simultaneously.¹⁴ As Morris suggests, the systematic nature of beliefs may, in general, have been overestimated, perhaps because of the coherency anthropologists feel their work should display (1976). Similarly, Hershman (1977), in an examination of Punjabi ideas of womanhood, observes that a lack of consistency within informants' accounts may represent a problem for the anthropologist and not for the informant:

Punjabis, like all of us, have the ability to keep contradictory ideas separate and apart by confining them to mutually exclusive contexts (1977: 291).

In this context two important points should be made about the nature of biomedical knowledge. The first point concerns biomedicine's heterogeneity. Biomedicine has been defined as "the whole medical complex in Western nations, which includes knowledge, practices, organisations and social roles" (Fabrega 1975: 969). It has been suggested that biomedicine emphasises the ontological primacy of physical existence ((Wright and Treacher 1982) and that, for example, biomedical understandings of disease are underpinned by a unifactorial view of aetiology which ignores the interaction between individuals and their social and material context (cf Comeroff 1982). Implicit in this kind of approach is an assumption of biomedicine as a homogeneity. This assumption ignores the range of different models within biomedicine (such as those variously held by endocrinologists, cardiologists or epidemiologists) which arise from a study of different classes of phenomena (for example, hormonal interaction, cardiovascular physiology and disease population patterns), using different research methodologies. Yet, despite this internal heterogeneity, these different models are not incommensurate, but co-exist within an overarching biomedical paradigm.

Second, far from being neutral enterprises, science and technology are value laden (cf Barnes 1974; Haraway 1989). Instead of embodying 'pure' knowledge, the categories of the natural sciences have often been shown to be the product of mystification in which the social relations producing scientific knowledge are disguised (Crick 1982: 307). On this basis, and remembering the possibility that many individuals may hold more than one kind of knowledge at any one time (see above), it seems

probable that even within a biomedical specialty, such as that of obstetrics and gynaecology, more than one 'model' may operate according to context. Thus there may be the model made explicit in textbooks and journals, which expresses the official views of the discipline and, which in some instances, contrasts with models which inform everyday practice. These models employed at the 'operational level' may be widely influenced by, for example, matters of convenience, institutional policies or personal cosmologies, that is, a highly disparate range of factors which have in common that "they are not typically seen as problematic within a purely paradigmatic account of the discipline" (Callan 1984: 414). These factors presumably also include popular representations, such as those of infertility (cf Pfeffer 1987), or the fetus (cf Petchesky 1987), which influence the social and cultural construction of reproduction for both doctors and their patients.

These two points concerning the heterogeneity within biomedicine and, further, within any biomedical specialty are important as in this dissertation I shall, on occasion, be using the expression 'the biomedical model of reproduction' as a form of shorthand to refer to understandings of the human processes of generation, fetal development, maternal health, birth and lactation which can, for the most part, be viewed as orthodox in relation to the biomedical paradigm. I am not suggesting, however, that there is in fact a single model of reproduction within biomedicine.

Data from this research suggest that informants' knowledge of procreation is less systematic and founded on different principles to those informing the biomedical paradigm.¹⁵ However, informants clearly incorporate certain elements from biomedicine, such as the notion of genetic inheritance. Whether they invest such elements with the same meanings they are given within the biomedical frame of reference is more difficult to assess. At the same time, despite indications that informants may 'trawl' biomedical knowledge for useful elements, there is nothing to indicate that such acts of incorporation make the biomedical paradigm itself more accessible or relevant to them.

The issue arises however, that if my informants' model of procreation is partly influenced by a biomedical view, from where does the rest of their model come? This dissertation suggests that at least one alternative influence on informants' perceptions of procreation comes from the tradition of Christianity. The data presented in Chapter Two was gathered on the assumption that, despite living in a largely secular society, the worldview of informants would nonetheless be influenced by a historical tradition of Christianity, and that this influence upon understandings of procreation might be as powerful as that of biomedicine. I do not wish to comment on whether 'religion' is flourishing in supposedly secular societies (cf Glasner 1977), nor to enter the debate on the definition of religion (cf Durkheim 1961; Geertz 1973; Asad 1983). My point is not so much that my informants may be 'religious' despite the majority's lack of participation in the institutionalised aspects of Christianity, but that, whether they are 'religious' or not, the myths and the values of Christianity continue to

inform the worldview of informants to some degree. In this I follow

Pagels, who states:

certain ideas - in particular, ideas concerning sexuality, moral freedom, and human value - took their definitive form during the first four centuries as interpretations of the Genesis creation stories, andthey have continued to affect our culture and everyone in it, Christian or not, ever since. (1989: xxviii)

Similarly, Hirst and Woolley (1982) have suggested that we should not be surprised if writers such as Mauss and Foucault link the modern western concept of the subject to Christian practice (rather than the development of capitalism or the modern state); religion was, until recently, the primary influence on ideas concerning this world as well as the 'next'.

On this basis, the second chapter looks at the meanings informants attribute to Biblical creative mythology, such as the origin of Adam and Eve, in terms of the ontological principles they suggest concerning procreation. Informants' accounts of the Virgin Birth are also examined in this light. In this respect, one aspect of the thesis touches on the anthropological debate concerning 'virgin birth', in that it considers the significance of procreative beliefs which appear to contradict co-existing reproductive ones (cf. Leach 1966, Schneider 1968). The model of procreation held by informants thus begins to emerge in this chapter and suggests a correspondence between the creative power of a male god and the initiatory role attributed to mortal men in the creation of new human life.

Knowledge and power

Still in relation to epistemological issues, this study also contributes to the debate on the relationship between knowledge and power (Caplan 1988). The data collected from informants suggest that they have an understanding of the body which is largely informed by gender. Within this, informants indicate an ambivalence about the feminine body's potential 'openness'. This has a number of referents but can be partly understood in relation to the patriarchal, Christian tradition to which informants are heir, and in which asceticism (exemplified by the Virgin Birth) and metaphors of penetration suggest an ambiguous ideal for secular mothers and for the feminine body (see Chapter Two). At another level, looked at in the context of Ardener's (1975) work, informants' views can be identified as those of a 'muted' group (namely women) who struggle to express their worldview through the language of biomedicine and other dominant models, which have been developed by men and in accord with a male perspective. Alternatively, the ideas of informants can be characterised as 'commonsense' in the way that Giddens (1976) has outlined this; as representing both the accumulated wisdom of laypeople and the perspectives of 'experts'. According to Cornwell (1984), commonsense is a process of interaction that is quite different to the 'medicalisation' of lay views; with medicalisation such views are undermined and come to be dominated by medical knowledge. In this study, I find evidence of views of the body and of procreation which diverge from more dominant models, but the status informants attribute to these views is not clear cut; for example, informants both defer to the knowledge of biomedical practitioners and retain a model which is only partially informed by biomedicine.

The idea of 'nature'

The study is also concerned with the idea of 'nature'. As such the dissertation touches on a number of themes within anthropology, such as the identification of women with nature, the meanings inscribed on the physical body and the understanding of 'kinship' as a matter of biology. The first of these themes lies within the classic 'nature/culture' debate in which it was proposed that women, through their association with reproduction, have been seen to be more closely associated with nature than men, who in turn are identified with culture (Ortner 1974).

The association of women with nature and men with culture has a long history in western thought. In both Platonic and neo-Platonic symbolism, nature and matter were female and ideas male (Lloyd 1984). In sixteenth-century thought, the metaphor binding the individual, society and cosmos was that of an organism; the identification of nature, especially the earth, as a nurturing, benevolent female who provided for the needs of humans in an ordered universe was central to this, although it co-existed with an image of nature as wild and uncontrollable. With the Scientific Revolution came a mechanistic view of the world in which nature as disorder had to be overcome (Merchant 1980). Jordanova (1980) and Easley (1981), looking at the relationship of science and medicine to nature, found the sciences continued the earlier sexual metaphor by designating nature as a woman to be unveiled, unclothed and penetrated by masculine science. According to MacCormack:

A biological determinism 'explained' women but men were defined more by their acts, an attitude of enquiry which persists in some present day literature on gender." (1980: 21)

Indeed, sociobiologists persistently argue that the association of women with reproduction and childcare and of men with the social sphere is genetically pre-ordained (Sydie 1987).

Anthropology has not escaped making a dichotomy between nature and culture. Levi-Strauss has portrayed women as bridging the division between 'nature' and culture, being at the same time 'natural' because of their reproductive capacity and yet cultural because they speak, think and act as humans (1964). In an early contribution to the anthropology of gender, Ortner (1974) redrew the analogy of female : male :: nature : culture, in which men are associated with symbols and artifacts which transcend and are therefore superior to 'nature' and, by implication, women. Assuming a universal subordination of women for which she has been much criticised, Ortner was concerned to show that women's 'inferiority' is not shaped by direct reference to biological factors but by the symbolic identification of women with 'nature' due to their reproductive functions. The usefulness of the nature/culture dichotomy has been strongly disputed; the distinctness of 'nature' and culture as objects of knowledge has been questioned (Callan 1978; Hastrup 1978) and the case against associating women with 'nature' well argued on several grounds (MacCormack 1980; Gillison 1980; Harris 1980).

Delaney (1986) has characterised the monogenetic basis of her Turkish informants' perception of procreation in terms of "seed and soil"; men are associated with a transcendent creativity and women are understood as "ever-renewable soil utilised for the creations of men" (1986: 503). Thus woman is to man as the created, natural world is to

God. However, it appears that no exclusive association of women with 'nature' attaches to the ontogenetic model of procreation evident among my informants. The data suggest that although informants strongly identify women with nurturance, this aspect of women's procreative contribution is, in part, understood as a moral contribution; women appear to be given responsibility for a child's *upbringing*, or its development as a social being. In this context, women's identification with reproduction and procreation, instead of being the location of their association with nature, is a source of their moral identity. Moreover, the second axis of the procreative model, which refers to genetic contribution, ascribes a creative role to women that is identical to men's.

The 'natural' body

The lack of distinction between nature and culture has been argued within a further anthropological debate to which this dissertation is relevant. This concerns the way in which the physical body or the organism is perceived. In 1973 Barnes suggested

there is a real world we call nature which exists independently of whatever social construction of reality we adopt. The relation between nature and culture is contingent; some aspects of nature impinge more obviously and insistently on the human imagination than others (1973: 73).

In contrast, Collingwood (1940) has suggested that there is an 'idea of nature' which at any one time determines the basic premises of science but which cannot be explained by the science built upon it. Scientific practices are the result of epistemological choices built on certain metaphysical propositions. Biomedicine, it can be argued, is concerned with 'natural' processes; with the body as so many functioning parts

(Kennedy 1981) and with diseases, perceived as natural entities which exist prior to their isolation or detection by doctors (Good 1977). In emphasising the ontological primacy of physical existence, biomedicine largely excludes social relations, emotion, and cognition (Wright and Treacher 1982; Comaroff 1982). The implicit worldview of biomedicine can thus be characterised as one in which people are essentially seen as biologically-contrived individuals who live in a domain of empirical facts.

Paradoxically, although the individual as a natural unit remains the conceptual focus in most areas of biomedicine, the individual as a biological body represents something of a dilemma within the biomedical model. Within the speciality of embryology, for example, it is difficult to define the *biological* body by developmental criteria. Embryologists have variously suggested that the onset of biological individuality may occur at;

- a) fertilisation, when genetic identity is established;¹⁶
- b) individuation, (at sixteen to eighteen days of development) when the group of cells that will constitute the embryo can be identified;¹⁷ or
- c) 'viability' - that is, the capacity to survive independently of the mother.¹⁸

Alternatively, the individuality of offspring might be said to be laid down as a 'germ line' in the testes and ovaries of parents as they themselves develop in their mothers' wombs (Johnson 1988). In effect, biologists cannot define any single developmental transition at which a

biological individual with a clear identity emerges. Instead, individuality is a continuous process.

Nor is there an absolute scientific distinction between the biological body and the world it inhabits. Within the model of immunology, for example, what constitutes an individual is again unclear (Haraway 1989). According to Haraway, the organism is not born, it is made, and within the discourse of immunology which constructs disease as a misrecognition or transgression of a "strategic assemblage called self", individuality can be seen as problem of defence (1989: 15). Objects or persons come to be understood in terms of disassembly or reassembly:

even the most reliable western individuated bodies, the mice and men of a well-equipped laboratory, neither stop nor start at the skin, which is itself something of a teeming jungle of threatening, illicit fusions, especially from the perspective of a scanning electron microscope. (1989: 18)

Moreover, individuality depends on context; "[y]ou and I... might be an individual for some purposes, but not for others." (1989: 20). This is clear in the shifting status of individuality experienced by women for whom, she suggests, such ambiguity is a normal ontological state. For example, the bounded individuality of women is compromised by their bodies' "troubling talent" for making other bodies whose individuality can, in some circumstances, be granted precedence over their own. The special ambiguity of female individuality, Haraway notes, is also explicit in accounts of immune function during pregnancy.¹⁹ However, it is not clear if she is suggesting this ambiguity is a universal experience or one peculiar to women of western culture.

Haraway argues that the immune system can be seen as an elaborate icon for the principal systems of symbolic and material "difference" in late capitalism. She suggests that the immune system is

an historically specific terrain, where global and local politics; Nobel prize-winning research...clinical medical practice; venture capital investment strategies; world changing developments in business and technology, and the deepest personal and collective experiences of embodiment, vulnerability, power and mortality interact with an intensity matched perhaps only in the biopolitics of sex and reproduction. (1989: 4).

To summarise, the human organism, which is taken for granted within biomedicine as a natural entity, cannot be defined as a discrete unit except on the basis of social distinctions. This point appears to be similar to one that Ingold (1990) makes in arguing the relevance of an anthropological critique of biology. Ingold has argued that every human organism is an open system, "generated within a field that cuts across the interface with its environment" (1990: 220). This field includes the nexus of relations with other humans, indeed it is this nexus of social relations that constitutes him or her as a person. Hence the process of becoming a person is integral to the process of becoming an organism, and the acquisition of personhood does not, as orthodox anthropology suggests (cf Radcliffe-Brown 1940), entail the imposition of a specifically human essence upon an undifferentiated organic substrate. According to Ingold, personhood takes shape gradually within the developing organism.

This study presents data which support Ingold's argument by suggesting that, for my informants, the nature of the individual is context dependent. For the most part, I make this argument in terms of

personhood; the relationship between a breastfeeding mother and child is such that they appear to constitute a single person or an extended self (see Chapter Four). However, my findings on the perceived 'openness' of the feminine body (see Chapters Two and Three) and the way in which body boundary seems to shift according to different social relationships (see Chapter Four) also suggests that the organism is not a bounded isolate or given in advance of its social relations. In addition, the sense that personhood for informants is gradually acquired with increasing physical and moral maturity (see Chapter Seven) parallels Ingold's view that the organism and the person develop coterminously. This correspondence however raises the question of whether Ingold's analysis is quite as 'objective' as he implies, and that his argument may be influenced by certain models that can be found within his own culture.

Substance and the 'person'

The flexible nature of the person which is implied by informants is also relevant to the body of theory within anthropology concerning the nature of the person. It has been claimed that the notion of the person in the West is of a bounded and unchangable isolate and stands in sharp contrast to notions held in other cultures, particularly South Asian, in which the person is perceived as a malleable entity, absorbing and transmitting substance which can be changed by conduct (Heelas 1981; Marriott 1976). Schneider (1980) has offered a model for this western notion of the person in his work on American kinship. He claims, for example, that notions of substance and code define American ideas of 'kinship' (as well as those of religion, race and nationality). According to Schneider, this substance ('blood' or biogenetic material)

is understood by Americans to be shared by those who are related. Moreover, this substance is fixed in nature. My findings are at odds with Schneider's. Although informants indicate that relatedness is recognised in terms of a shared substance called 'blood' (or 'flesh and blood' in some instances), this substance can be altered by code. The biological basis of a relationship can be downplayed in the absence of the principles of 'openness' and 'closeness'. Conversely, shared substance can be recognised among those who have no biological connection; between spouses who have children in common, between adoptive parents and children and, apparently, in other contexts where nurturance occurs. It appears that some body products, such as breast milk, have the potential for influencing those who ingest them. Moreover, the 'closeness' associated with breastfeeding, which refers both to physical and emotional intimacy, indicates a close approximation to being the 'same', that the breastfeeding child is considered part of the extended self of the mother. Hence surrogate breastfeeding prompts obvious unease (see Chapter Four).

Motherhood

Finally, it may be that the new reproductive technologies will influence the way in which relatedness will be understood in the future. However, at this early stage of their use, they offer ways of clarifying existing perceptions of relatedness. In this study I focus most closely on those perceptions that refer in some way to motherhood. Barnes claimed that

cultural motherhood is a necessary interpretation in moral terms of a natural relation, whereas the relation of genitor is an optional interpretation, in the idiom of nature, of an essentially moral relation. (1973: 73)

However, new reproductive technologies such as IVF fragment the mother's role in parturition for the first time. Motherhood can now be understood in terms of 'degrees' which may defined, for example, as the ovular, the uterine and the social components of motherhood (Braidotti 1989).²⁰ Informants' discussions of IVF and surrogacy indicated that the gestational role is generally seen to be as important in the definition of motherhood as the genetic role, but that both are given less significance than the social role. This confirms that, for my informants, motherhood is not an interpretation of a natural relationship as Barnes suggests, but an essentially moral relation.

1.4) Methodological considerations

In this section I first discuss methodological issues arising from this research, before giving details of my informants and of how I went about fieldwork.

It was not long ago that many anthropologists looked on the study of one's own culture with suspicion (Martin 1987). It is now regarded as a more relevant activity, not least because it helps to make anthropologists more aware of their own cultural assumptions in their dealings with others. My particular reasons for working within my own culture were mixed and partly domestic. One of the main reasons, however, was a long-standing concern that reproductive medicine imposed a particular construction upon reproductive processes which appeared to take no account of other cultural meanings these processes might hold.

Research within my own culture meant that I circumnavigated many of the problems anthropologists generally face, such as the constraints of working in a different language (see, for example, Overing 1985). At the same time, I became aware of problems I might not have experienced had I ventured further afield. Many of these problems have been referred to elsewhere. For example, Southwold has observed the tension between participating as a fellow human, and retaining a vantage point as an analyst, remarking that "[i]t must be especially acute for the anthropologist working in his own culture." (1983: 602) As an American anthropologist, Martin (1987) found that during research in Taiwan she could periodically escape from the culture she was immersed in by reading a book or watching a film from home. However, she found no

means of escape during her American fieldwork; her discoveries about gender, for example, haunted the most personal aspects of her life. Moreover, she initially understood most of what her informants had to say to be 'common sense' or 'obvious'; it was some time before she realised that what she was regarding as 'facts' were cultural organisations of experience which she shared with informants. In this sense, I also found it a struggle to maintain an appropriate vantage point from which to view data. Finally, even if I did not have to learn a new language, the issue of interpretation, if not translation, still remained.

I have already mentioned a shift of focus during fieldwork. More specifically, I had initially intended to contrast the symbolic meaning non-medical English people gave to reproductive structures and processes against the meaning English doctors attributed to these. My original hypothesis was that medical training and culture were sufficiently powerful to change the fundamental meanings that reproduction held for those who entered medicine. As such, English doctors would appear to hold a different worldview than their lay counterparts and this disjunction could have a deleterious effect on patient care.

As I wished to interview doctors and people who consulted doctors in connection with reproductive health and to observe the interaction between representatives of these two groups, part of the research was to be based on one-off interviews with informants attending institutions of health care. The initial criterion for informants was that they should describe themselves as 'English' (see 'Cultural identity' below) and

should be either obstetrician/gynaecologists working within what was then the Bloomsbury Health Authority, or lay people attending a hospital, a health centre or an out-patient clinic in connection with their reproductive health, within this same area.²¹

As fieldwork progressed however, it became obvious that the comparison I had planned was not realistic within the timetable of the project. I therefore decided to work only with lay people and, to simplify matters further, only with women. I had already recruited women through a number of sources, such as ante-natal clinics, colposcopy clinics and gynaecology wards, but the greatest number had been interviewed in a family planning clinic.²² It was on this group, comprising ninety-six women by the end of fieldwork, that I decided to focus and to compare their views with those of my 'principal informant', who will be described shortly. (For details of the procedure I used for recruitment, see Appendix C, and for details of the way in which fields of enquiry were delineated, see Appendix E.)

At various points in this dissertation I present figures which indicate the number of women who support a particular view in relation to the overall number of women questioned on the issue. I should stress that these figures are in no way offered as statistical evidence of a wider trend.

The exclusive focus on women is not ideal. For a start, it tends to suggest that women are in some sense a problem; that men represent humanity and that it is against men as the norm that women should be

viewed (Caplan 1988; Moore 1988). It also means that it is difficult to assess the extent to which my findings are gender specific. I *suspect*, for example, that the ontogenetic model of procreation that I find suggested by my informants is one that is also shared by at least some men. However, it seems likely that the notion of the integrity of the body is more relevant to women. Only further research which includes male informants could help to clarify this.

In addition to the scaling down of the research field, a number of factors combined to change the actual focus of research. One of these was the response of informants to my request that they make drawings of the body. (This will be discussed further in section 1.7.) Another factor was the increasing level of public debate concerning the new reproductive technologies and the recommendations of the Warnock Report (1985). At the same time, in constructing the genealogical tree of my principal informant, I was surprised by the views of relatedness which emerged. Similarly, our discussions of Christian cosmology, especially the Virgin Birth, indicated a specific understanding of procreation which it seemed I should explore more widely. I therefore decided to see whether these views might correspond with those held by members of the larger group of secondary informants.

Having changed the emphasis of the research, however, the way in which I collected data remained strongly influenced by my initial plans. Ideally, I would not have chosen to conduct a large proportion of fieldwork concerning a layview of procreation within a medical setting. Although I could deny any link with the medical establishment, my very

presence there tended to mitigate my claims to independence. I therefore have to acknowledge that the context of these interviews may have had some influence on the way my informants perceived me and the kind of information I was seeking and, in turn, determined the kinds of answers they gave. At the same time though it is quite possible that, without the status I acquired through my presence in a clinical environment, I would have been unable to have recruited anywhere near the same number of informants, nor have been trusted with the same kind of disclosure.

The change in emphasis also entailed a reduction in the range of methodologies employed. Initially, it had been hoped to identify a number of co-existing medical models through an examination of medical texts and lectures; the everyday behaviour of medical practitioners in the midst of their colleagues, and the medical discourse used largely in discussions with patients. Additionally I had planned on identifying lay perceptions of procreation and concepts of health and illness, especially in association with reproduction and sexuality. It was envisaged that a number of approaches would be employed to accomplish these aims, including the analysis of tape-recorded medical consultations and of tape-recorded interviews between myself and doctors on the one hand and 'patients' on the other. In addition, I hoped to observe the quotidian world of doctors by following them through different aspects of their work, and to carry out participant observation among those who constituted the social networks of one or more 'principal' informants.

In those instances where participant observation was feasible I was interested in obtaining two different kinds of data. First, in addition to observing rituals such as weddings, christenings or ward rounds, I had hoped to observe mundane social interactions - such as the way touch was employed among different groups of people - as indications of how relatedness was understood. I had also planned to observe the ways in which doctors imparted information in different contexts, conventions associated with childcare, infant feeding, pregnancy, menstruation and so on. The second kind of data I was interested in was that which demonstrated something of the the relationship between bodily and moral domains through the 'backdoor' of everyday practices and gestures (Jackson 1983), such as the movements considered appropriate for men and women, or expressions of an individual's boundaries, in relation to collectively-held views of the world. As Bourdieu (1977) has suggested, not only the five senses (which are always socially informed) but others - such as a sense of common sense, of beauty, or of honour - are all relatively permanent dispositions, embedded in the individual's body in the form of body postures and movements and part of the 'socially informed body'.

An additional approach to the moral domain was to be through the study of metaphor. Metaphor has been seen as a way to procede from the known to the unknown by a flash of insight. 'Good' metaphors are those which are informative of and may even help to constitute the social context in which they occur; metaphors are part of a figurative language which "does not just express the pertinence of certain cultural axioms to given social conditions, it provides the semantic conditions through

which actors deal with that reality" (Crocker 1977: 46 - original emphasis). As such, 'good' metaphors are not only 'thought' but 'felt'. Hence they represent something of lived experience. At the same time, metaphors, along with other tropes such as puns, may be used to help resolve ethical ambiguity by highlighting a moral tenet through semantic incongruities (Crocker 1977). On this basis, an examination of metaphors used by informants may add to knowledge of their world view in a way that does not privilege the literal; as Goodman has said, a world can be made by a metaphorical statement (1978: 18).

However, in the course of fieldwork not only did I have to narrow the focus of the research, but the range of methodologies was also constrained. By concentrating on the informants recruited from family planning clinics, I became largely restricted to the analysis of tape-recorded, semi-structured interviews. Although it would, no doubt, have been valuable to enlarge the scope of data from this source by, for example, setting up group discussions, the time taken to clear this approach with the hospital's Ethics Committee and the way in which informants used the clinic (generally during a snatched break from work) prohibited this. Bearing in mind the constraints of time, I therefore continued gathering data from a source which I knew was productive, rather than attempting to try new sources at a relatively late stage of fieldwork. While this meant I was able to carry out only limited participant-observation and thus cannot provide a detailed ethnography, it was still possible to examine informants' use of metaphor which, it transpired, represented a useful approach to the 'morality of kinship' implicit in informant's statements.

The change of emphasis during fieldwork had a number of additional effects. To begin with, it meant that much of my original literature search became irrelevant. One consequence of this is that the literature drawn upon in the dissertation represents a response to the data provided by informants. In this sense, my discussion of theory is led by the ethnography. This point helps to explain the eclecticism of my approach. There is, however, something of a hiatus between the literature and informants' comments: I cannot demonstrate clear connections between the two, but only draw attention to certain similarities and dissimilarities.

The research field also contracted in a further sense. I had initially envisaged working with more than one 'principal' informant. However, I encountered a number of problems which ultimately precluded this. I elaborate in section 1.8 on how I was unable to work in any detailed way with a group of informants traced from Katy. There were, though, two other 'principal' informants, 'Sheila' and 'Caroline' with whom I began to work but whose views are not included. The reasons for this are briefly explained in Appendix D.

The way that the research developed has also meant that my group of informants cannot be described as the kind of 'natural community' or group of people who share an involvement with one another's lives that Geertz has suggested anthropologists look for in the study of industrial societies (1983: 157). Nor can they be seen to constitute a group by virtue of the fact that they are all women; as Moore (1988: 10) has pointed out, there is no unitary body of women's interests, as the

divisions which accompany race and social class should remind us. Martin (1987) acknowledges that there is no community on earth which could represent all women, who can be found in all class strata and nearly all community and occupational groups. However she suggests that women in western society share certain *experiences*. Referring to American women, she claims that

all (some more than others, some more aware than others) occupy subordinate positions to men, if not in their jobs, then in their families, and if not in their families, then in general cultural imagery and language; all have female bodies and experience common bodily processes such as menstruation and childbirth (however various the meanings such diverse groups as Black Americans or Jewish Americans can give these processes); all are affected in one way or another by medical and scientific views of female bodily processes. (1987: 5)

In this sense, the women in my study can be seen to be united as a group. Not only do they share (if to varying degrees) the social consequences of being female in the western world and the experience of certain bodily events such as menstruation, but they are united in their need to control their fertility and their choice to do so under medical supervision.

Cultural identity

It is more difficult to argue that informants are united as a group on the basis of their cultural identity or their 'Englishness'. Cohen has identified a link between the recent growth of interest in the anthropological study of Britain and a growing awareness among anthropologists of a need to revise an over-simple view of the homogeneous nature of British culture (1982). In the context of this research, there were advantages in using the more specific category of 'English' as opposed to, say, 'British' culture. For example, it seems

relevant to a study concerned with relatedness that certain important differences have been observed between British cultures with respect to kinship and affinity; for instance, divorce was possible in Scotland for four hundred years before it became available in England (Wolfram 1987). In addition, Cohen (1982) has suggested that the more localised a cultural identity (in terms of descending levels of 'British', 'English', 'Southerner', 'Londoner', 'East Ender', for example), the more informed and complex any analysis might be. In other words, the category of 'Englishness' itself remains too unspecific to be helpful. While distinctive from other cultural identities within Britain, 'Englishness' does not refer to a homogeneous experience; the effects of different locality, class, gender or ethnic identity should not be overlooked.

Cohen (1982) makes two further points of relevance here. First, he suggests that people become aware of their culture when they stand at its boundaries. Second, he argues that anthropologists should make the cultures they study intelligible through terms which are meaningful to the members of such cultures, rather than by trying to isolate the purely 'objective' manifestations of such cultures. In this study I attempt to elucidate the views of a number of urban English women who, perhaps because they do not stand at the boundaries of English culture, do not appear to find being 'English' particularly meaningful. Instead, particularly in the setting of the family planning clinic, informants appeared to give greater priority to the boundary between lay and medical cultures. In other words, cultural identity may be context dependant; I suspect, had my informants met similar criteria but, for

example, lived in Wales at the time of interview, that being 'English' would have held more significance for them. I should therefore emphasise that the boundary drawn around my informants on the basis of their 'Englishness' should, because of the context of this research, be recognised as one largely imposed by myself. Moreover, the emphasis on 'Englishness' tends to disguise the many possible cultural identities which cross-cut this category, such as those that may develop from being both English and Black, or English and middle class. In addition, only women's opinions were ultimately sought, and then women of a certain age group. As Crick (1982) has pointed out in the context of whether the study of categories and representations says anything about how people think, men and women, elders and children may understand different things by the same symbol. Thus, what is presented in this dissertation as a largely unified perspective would undoubtedly become more ambiguous and more nuanced once class, age, ethnicity and gender were taken more into account.

Nevertheless, there remains an interesting point concerning national identity, namely why, given the recent focus on anthropology 'at home', is the notion of 'Englishness' apparently of little importance for many of my informants? One possible answer is to view cultural identity in terms of notions of substance and code (cf Schneider 1968). This approach is suggested indirectly by Strathern's analysis of data collected among families within the English village of Elmdon (1981; 1982). Strathern suggests that, for Elmdoners, notions of villageness are tied to notions of kinship; that ideas about families and relatives provide a model of English ideas about the structure of

the wider world, primarily 'class'. Class and status categorisations are brought home through the language of kinship. Conversely, notions of class and status feed into perceptions of relatedness, the boundaries drawn between relatives and the expectations of those understood to be related. Significantly, Strathern infers from villagers statements that relatedness rests on some notion of biogenetic substance (1982: 77). In this sense, Strathern's argument shares features with other analyses in which notions of substance and code, most clearly expressed in the field of kinship, are also recognised to shape understandings of broader categories such as those of nationality and religion (Schneider 1974) or race (Béteille 1990).

What is interesting among my informants in connection with national identity is that this is remarkably unstressed. In addition, there is comparatively little emphasis on relatedness as a matter of shared biogenetic substance. In other words, the apparent absence of strong 'English' identity and, in contrast to other analyses, the lack of an opposition between substance and code (see 1.3: "Substance and the person") may be linked to my informants' rather different perceptions of substance as 'matter' which can be influenced by code (see Chapter 4:7, for example). This suggests, despite the differences between Schneider's findings and my own, that further work arising from this research might usefully follow Schneider's lead and take notions of substance as a point of departure in the study of cultural identity. Such notions might also be useful in analysing indigenous rather than sociological categories of 'class'.

In this study, information concerning informants' sociological class was gathered on the basis that women should be consistently attributed social class according to their own occupations, rather than those of the men with whom they might reside or be otherwise associated (such as fathers or spouses). Delphy (1981) for example, has argued that taking a woman's paid work into account in the case of single but not married women reveals a double standard obtains in the conventional means of classification. Occupation, a classic measure of an individual's social class is, in the case of women - and only women - replaced by the heterogeneous criterion of marriage. Roberts (1987) points out that the conventional means of attributing class make no distinction between full and part-time work, nor do they recognise unpaid labour such as housework. She suggests that, instead of trying to squeeze women into pre-existing categories derived from the world of men, a serious classification of women should take the realities of women's lives as its starting place.

Asking my informants about their occupation (and education) represented a rather crude attempt to make the realities of their lives central within any kind of classification scheme. However, knowledge of their occupation alone means that the picture I draw of informants in terms of social class is a limited one. Occupation has been described as an arbitrary referent and does not necessarily give any indication of educational achievement, residence, wealth, or income (Young and Willmott 1973; Marshall et al 1988). More comprehensive schemes of social classification have been suggested, such as those which define class according to economic power and assign women on the same

individual basis as men (cf Runciman 1990) or, alternatively, take into account the position of all household members in the working world (cf Leiulfrud and Woodward 1988). However, faced with the time constraints imposed by clinic-based interviews, the collection of data necessary for this kind of analysis was not possible. Any further work on this subject would involve finding a suitable, alternative research setting (as suggested in the concluding chapter) which would allow the collection of more complex background information.

A more detailed enquiry would also allow identification of the social class which informants assigned to themselves, particularly where the research relationship was well established. The question of class identity was one I shied away from with secondary informants as I felt it might be a source of embarrassment which could influence the nature of any subsequent discussion. There was little problem in this respect with Katy. Although class difference did on occasion cause some unease,²³ the different nature of our relationship made it possible to a) discuss class and b) gain a much broader understanding of Katy's class position. It was significant, for example, that on the basis of income, home ownership, and Katy's occupational potential (indicated by her previous employment as a secretary), Katy and other members of her household might be viewed as middle class. Yet in terms of Barry's occupation, the household's economic security and both partners' educational achievement and class identity, Katy and Barry can be described as working class. In this instance, I would suggest that self-identification of class becomes decisive.

Finally in relation to class, where I quote informants' in the following chapters, I generally include minor details concerning the informant's age, occupation or, in some instances, religious persuasion. These details, by identifying specific informants, enable the reader to make cross-references between different statements made by the same informant. They also allow a more accurate reading of statements in as much as what is said, for example, on the subject of children by a woman in her early forties without children may hold different nuances to those implicit in the statement of a much younger woman without children. Moreover, making reference to an informant's occupation, while not intended to indicate social class, may help to suggest something of her social world. Thus these details of informants, where they occur, are intended to add interest but should not be granted sociological significance.

1.5) My principal informant

My principal informant is someone whom I shall call Katy Macey.²⁴ Her different status in the research arises from the fact that, in addition to the criteria described above, I wanted to work with one or more informants who came from large, local families, with a view to incorporating members of their kinship network. Katy was recruited to the study while attending an ante-natal appointment at a North London health centre when she was ten weeks pregnant.

Katy lives on the borders of a prosperous part of Kentish Town²⁵ in North London. When I first met her, the maisonette where she lived was owned by Camden Council, but Katy and her husband are now in the process of buying the property. At the beginning of the fieldwork period, Katy was 27 years old, the mother of two boys, Sam (aged 5) and William (aged 2), and ten weeks pregnant. Katy's husband Barry worked for a firm specialising in the treatment of damp, but he later went into partnership with a friend who has a fruit and vegetable stall in a local street market. Before the birth of her children, Katy was employed as a secretary and, more recently, worked as a part-time cook.

Katy was an only child, born in Kentish Town. Her parents were born and educated in England, her mother also in Kentish Town. Katy's grandparents (on her mother's side) moved from Wales to Kentish Town shortly after their marriage, but there is little knowledge of Katy's other grandparents. Katy's parents divorced when she was three. Katy went to live with her grandparents (Tom and Heulwen Davis) until her mother, Sybil, managed to rent the top three rooms of a house also

inhabited by Sybil's brother (Tim), sister (Maisie) and their respective families. Both of these moves were within Kentish Town. Indeed the grandparents and all their offspring lived within a few hundred yards of each other. Katy's father moved out of the area after the divorce and she had little contact with him for many years. Her mother remarried when Katy was 17 years old, but this marriage ended in divorce after seven years. Sybil's ex-husband, Graham, continues to live locally and to see members of Katy's family. Tom and Heulwen Davis, Tim, Maisie and members of their families still live in the same area, although Sybil has moved slightly further afield. Barry's parents, on the other hand, together with one of their four sons, lived on the opposite side of the street to Katy and Barry. During the period of this research, however, Barry's parents (Pat and Sid) have divorced.

Katy initially agreed to become a regular informant for the duration of her pregnancy although we have now worked together for four and a half years.^{26, 27} My initial discussions with Katy helped to shape the questions I was to ask of other informants while, in turn, much of what I learnt from informants at the clinic was to influence later discussions with Katy.

1.6) Details of principal and secondary informants

All ninety-seven informants were "English" on the grounds that either:

- a) they and their parents were born and educated in England and the informants called themselves "English"
- b) they and their parents were born and educated in England and the informants called themselves "British" or
- c) the informants were born and educated in England, one parent was either not born or not educated in England but the informants called themselves "English".

On this basis, the study includes women of different ethnic backgrounds. Ages of informants (including Katy) ranged from 20 to 43 years, with a mean of 28.5 years and median of 27. In addition to Katy, a further twenty-nine informants had left school at 16 years of age or before; thirty six had ended their education between 16 and 18 years of age; sixteen were educated to 21 years; four were in post-basic education at the time of the study and eleven had received education beyond 21 years of age (although this does not necessarily refer to continuous education).

The clinic where I recruited my secondary informants, because of its location and its reputation, attracted a high proportion of women employed in what may be loosely understood as 'middle class' occupations. Among my informants occupational class (according to the Registrar General's scheme of classification) can be presented as follows:

Group I	(Professional)	4 informants
Group II	(Intermediate)	44 informants

Group IIIN (Skilled non-manual)	38 informants
Group IIIM (Skilled manual)	1 informant
Group IV (Partly skilled)	2 informants
Group V (Unskilled)	0 informants

According to this scheme of classification, eight women (four 'housewives' and four students) remain unclassifiable (see the discussion of class under 'cultural identity, above). For further details of informants, such as occupations, length of education, and religious background, see Appendix E.

In terms of religious belief, thirty-two informants had no religious belief; fourteen were agnostic; ten described themselves as "Christian" without specifying any denomination; twenty-three belonged to the Church of England, ten, including Katy, to the Roman Catholic Church and one to the Pentecostal Church. One informant was a Buddhist and one a non-orthodox Jew. (Five informants interviewed at the beginning of the study were not asked about religious belief.)

Sixty-six informants were, by self-definition, 'single'. This meant that informants were not co-habiting, although it did not necessarily mean the absence of a long-term relationship. Of the other informants, twenty-two, including Katy, were married; three were divorced, two were 'separated', that is, not co-habiting with their husbands but not divorced, three were co-habiting but not married and one was engaged to be married.

Four informants, including Katy, had children. This suprisingly low number is, I believe, linked to the age, marital status and the social class of many informants; a large proportion may be described as relatively young, unmarried and middle class. A number of additional women, however, disclosed that they had been pregnant, but these had either been ectopic pregnancies, or resulted in miscarriage or abortion. These findings should be considered in the light of recent statistics for England and Wales which show the mean age at childbirth to be 27.3 years (and 29.9 years for women in social classes I and II) and the mean age at first birth to be 25.3 years. Moreover, 20% of all pregnancies are reported to end in legal abortion, with 37% of pregnancies occuring outside marriage being aborted (OPCS 1990).

1.7) Details of method

The distinction between 'primary' and 'secondary' informants corresponds with a difference in the way that research proceeded. In Katy's case, our discussions were, on occasion, semi-structured and tape-recorded and, at other times, unstructured and unrecorded. They could last from one to five hours. In addition, I was able to observe some aspects of her day-to-day life, such as interactions with her husband, children, and some of her relatives, affines and friends. Although we mostly met at her home, I saw her in a number of different contexts, including her child's nursery, in hospital and in Church. However, the access I had hoped to have to other members of her family did not really materialise.²⁸

In contrast, interviews with secondary informants were relatively short, generally lasting between thirty and ninety minutes, depending on circumstances. With one exception they were all tape-recorded.²⁹ Informants were met only once; the emphasis placed on anonymity by the Bloomsbury Health Authority Ethics Committee meant that follow-up was not feasible. Interviews were semi-structured but confined to a particular subject area. Thus, no secondary informant covered all the areas discussed with Katy.³⁰ Within interviews, I also made use of vignettes and drawings.

Vignettes

Three vignettes, or short stories about hypothetical characters and specific circumstances, were used in the study. The first posed the question of whether informants would, in certain circumstances, wish for a child of theirs to be breastfed by another woman or, in the same circumstances, consider breastfeeding another woman's child (see Chapter 4.7). The second vignette was concerned with surrogate pregnancy and asked who, in the case of ovum donation, would be regarded as the child's mother at birth (the genetic or the carrying 'mother'). Thirdly, in the same circumstances, with whom did the child have a 'blood' relationship (see Chapter 6.12).

Finch (1987) has observed that the use of vignettes is valuable as a research method in that it acknowledges that meanings are social and that morality may be situationally specific. However, she counsels that, while they may be useful for tapping cultural norms, it should be clear that responses to vignettes do not necessarily reflect the action

informants themselves might take should they find themselves in the circumstances described by the vignette. I found vignettes particularly useful as a way of avoiding the risk of appearing to test informants on their knowledge of biomedical matters, by making it clear that I was asking for their opinion. The problem of 'testing' had become apparent in the attempt to use drawings as a methodological tool.

The use of drawings

As Lewis has remarked, as we cannot see what goes on inside our bodies, we are, with respect to the interior of our body, like someone without a mirror with respect to their face: "We feel what it's like but we cannot see exactly where the feelings belong" (1989). Informants were asked to draw what they understood to be inside the body, on the grounds that verbal and visual representations offer different possibilities and that, as Lewis has said "[c]oncepts, percepts and images are not identical" (1989: 1). Through their drawings, therefore, I hoped to learn something that informants might not otherwise articulate, to find internal structures represented in a way which was significantly different to the depictions of medical diagrams or the representations created by X-rays and other forms of medical imaging. In other words, I hoped the drawings would suggest something of the symbolic meaning I thought informants might attach to what is inside the body.

I was prompted to try this approach by the work of MacCormack and Draper (1987), in which semi-structured interviews were accompanied by the use of drawings to elicit informants' understandings of female reproductive structure and function. I asked sixteen informants

(including Katy) to each make a series of five drawings, each time using an outline of a male or female figure as a guide. The first drawing I asked for was a representation of the way in which informants imagined the inside of the human body - that is, the general internal structures (see Series A). I asked most women to omit in this drawing any reproductive structures, as these were to be drawn separately. This was, I believe, a mistake as it would have been useful, for example, to see how informants located reproductive structures in relation to others within the body. The second and third drawings by each informant were depictions of female and male reproductive structures (see Series B and C respectively). Finally, the fourth and fifth drawings in each informant's set show the external characteristics associated with men and women - what I refer to as the 'masculine and feminine bodies' (see Series D and E respectively).

The exercise was far more difficult than I had anticipated. On reflection it might have been better to have given informants a blank page, as the frontal orientation of the figure immediately placed certain constraints on how informants could proceed. Alternatively, a sexually neutral figure might have been more appropriate. In the first series - drawings of the body's interior - I had not thought it significant whether a male or female outline was given as a frame; with hindsight, informants should have been given, if not a blank page, then a sexually-neutral figure to work on. One other lesson to be learnt was that I now doubt the wisdom of asking informants to label the structures they drew. The presence of such labels suggests a certain precision in

the placement of organs and a discrimination between organs that may not have been otherwise evident.

In addition, I found it was inordinately difficult to convey what I wanted informants to do. Because these sessions were tape recorded, I later established that, in describing what I wanted informants to do, I had slipped at times between anthropological and medical paradigms, referring one moment to "what is inside" and the next to "anatomical structures". What is more, I overlooked that most of my informants were less accustomed to using drawing as a means of representation than they were used to using speech. I was asking them to free themselves from their knowledge of biomedicine, however partial that might be and to articulate their experience of the body in terms that they were clearly not familiar with. The majority of informants were not confident about this exercise. Despite my intentions, a number clearly felt they were being tested on their biomedical knowledge and resented this.³¹

Some interesting points, however, did emerge from this rather fraught exercise. When I initially looked at informants' drawings, all I saw was the spectre of biomedicine as it might be found, for example, in family planning leaflets, but presented with varying degrees of accuracy. I therefore did not continue this approach. However, much later, when I returned to these drawings and listened to the accompanying tapes, I was struck by informants' dependency on an authorised model of knowledge, and a sense that they *should* have knowledge of this kind. For example, a 31 year-old secretary's comments while drawing were as follows:

Oh my God! I should have studied before I came. This is going to take me a bit of time - I don't want to muck it up. I'm only doing it sort of....I don't know where the tubes go! It's not to scale. I just don't think about it; I know that's a terrible thing to say. I know I ought to more, but to be honest I don't think about it.

Similarly, other informants commented that they were "ashamed" or were "not very good at this".

In addition to highlighting the way informants invalidated their own representations, the drawings raised important questions concerning interpretation. Given informants' inclination for biomedical accuracy, if the drawings were not to be assessed in terms of their 'correctness', how should they be analysed? In this context, I would like to make two, overlapping points about interpretation which concern the expectations of the interpreter and the knowledge on which interpretation rests. First, I initially had a vague assumption that informants would portray the interior of the body in ways that would clearly contrast with the representations of biomedicine. It was disappointing when this specifically lay view did not materialise and, as implied above, at first suggested to me that informants had adopted biomedical knowledge to the exclusion of any alternative view. However, as fieldwork progressed and the interpenetration of medical and lay views became clearer (suggested, for example by evidence of the ontogenetic model), it seemed possible that the drawings might indeed indicate a specific kind of knowledge which co-existed with or appropriated biomedical knowledge (see Chapter 1.3 for a more detailed discussion of the relation between this lay view and biomedical knowledge).

Second, while I have, in some instances, looked at the drawings in isolation from the data (for example, in terms of the organs most frequently represented - see Chapter 3: fn 26), the most interesting observations, I believe, are those prompted by a recognition of the principles underlying informants' worldviews. For example, once it was realised that 'openness' was meaningful in the construction of the gendered body and an important principle in understanding the relatedness between bodies, it became important to look at informants' drawings in terms of the body's 'openness' (see Chapter 4.2 and Appendix G, referring to drawings in Series A and B). Indeed, there appeared to be a range of ways in which informants represented the openness or closure of the body. However, I have no way of accounting for this variance. This suggests that drawings may be of limited use as a research tool in the absence of a rich ethnography and detailed background information for each informant.

I have not, however, exhausted the drawings' possibilities. For example, there is among the drawings a marked omission of the brain as an organ within the body, which may indicate the ontological centrality of the body's trunk. This observation is paralleled by a finding among many informants that the 'soul' is centrally located in the chest or heart (see Chapter 3.5). This suggests it might be rewarding to look at the relationship between the physical and ontological organisation of the body in greater detail. Rather differently, the drawings may refer to latent humoral notions, indicated, for example, by the centrality of the heart in representations which otherwise aspire to medical accuracy. This suggestion cannot be checked against the data as the possibility of

such notions was not explored. However, such potential interpretations demonstrate the usefulness of drawings in indicators of fruitful areas of research. The drawings exercise was also a valuable one in that it taught me about the delicate nature of the research relationship.

1.8) The research relationship

There has been much discussion within the social sciences about the relationship between researcher and researched. Crick, for example, has claimed

Anthropological knowledge...is not about "the other", it is generated by the mutual definition of "us" and "other" and is therefore inherently autobiographical. We often speak of the social character of human knowledge and we ought therefore to be more alive to the social processes at work in the creation of our own professional knowledge. (1982:15-16)

Oakley (1981) has suggested that what researchers should but do not usually comment on are the social and personal characteristics of the researcher; the interviewee's feelings about being interviewed; the quality of the interaction; the hospitality offered; attempts to use the interviewer as a source of information and the development of the research encounter into a more social relationship. The research relationship has been referred to as potentially one of exploitation (see for example McRobbie 1982), reciprocity (Lundberg 1968) or mutual exploitation (Hatfield 1973). This section examines these issues in terms of my relationship to my informants.

The relationship with Katy

During the period of research my relationship with Katy has changed in certain respects. To begin with, much of Katy's perception of me was influenced by knowing that I had been to university and, perhaps more significantly, that I had trained as a nurse. In our initial discussions she would ask me to verify many of her statements, even those that referred to topics where I had no 'expertise'. Our differences in class, education, speech, occupation and family life were initially an embarrassment, I think, to both of us. In the long term, however, this difference has played a positive role in our working relationship, in that the frame I put around a subject of discussion, if not the subject itself, has often been challenged.

One factor which strongly influenced our relationship was that I discovered I was pregnant shortly after meeting Katy. We therefore went through our pregnancies together and were experiencing similar symptoms and anxieties at the same time. There is a difference of one month in our children's ages. While I had some medical knowledge of pregnancy, Katy was an experienced mother. There was therefore a reciprocity of different types of knowledge which helped to make the relationship a more equal one.

It is also significant that, despite the proximity of Katy's relatives, I was unable to interview members of her family in the way I had hoped. This was despite many requests on my part and an apparent willingness on Katy's to arrange this. I think these interviews did not materialise for two reasons. First, I believe Katy had come to enjoy

having her own researcher and was unwilling to share this status with other members of her family. Second, Katy gave me much confidential information, and although she clearly trusted me enough to furnish this in the first place, I think she may, quite understandably, have been uneasy about someone entrusted with her views making more than casual contact with the very people she had discussed. When I was taken to meet her grandparents, for example, Katy remained present throughout the visit. I felt unwilling to push too heavily for greater contact with Katy's family in case I jeopardised my relationship with her.

In terms of Lundberg's (1968) point about reciprocity in the context of research, in my relationship with Katy I asked for a great deal of her time. Moreover, I asked her to think about things in a way that was unusual for her, to attempt to articulate unformulated thoughts at the risk of sounding ridiculous or ignorant. I asked her to talk about very intimate aspects of her life, such as her feelings about sexual intercourse or body products. I hoped she would trust me with confidential information about her relationships with people who were very important to her. I often received food and drink.

On my part, I occasionally brought Katy small gifts, such as flowers or something she had mentioned she could not find in the shops. From time to time I 'baby-sat' while she picked up her other children from school. I was also pleased to act as character witness in a court case involving the family. Katy told me she enjoyed having someone to talk to. Once her husband took on his job on a fruit and vegetable stall he worked long hours and she was restricted by the children's

varying nursery and school hours in visiting friends. It was also the nature of our talks that she enjoyed. She liked having to think about the questions I asked her and to consider the ideas that came out of our discussions. I also provided a source of medical information; Katy would ask my advice about health problems in terms of whom to go to for help or whether help was necessary, either on her own behalf or on behalf of her children, her husband or, on one occasion, her mother-in-law. I was asked to help explain why her father had died unexpectedly following surgery. Katy also wanted my opinion on various methods of ensuring either a female or male child. I also revealed personal and sometimes confidential information, either in response to direct questioning or, occasionally, voluntarily.

Our relationship is thus more social than many which exist between researcher and researched and yet it remains quite different to my other social relationships. This is also the case for Katy. I am not someone she would think of meeting socially with her husband, for example, but she would, she said, consider me as a blood donor if she or her children were in need. The significance of this remark becomes clear in Chapter Five.

The relationship with other informants

Despite my initial apprehension that the use of an interview method and the presence of a tape-recorder might limit the kind of information informants would impart, I found - perhaps because of the anonymity - that the majority of my informants were surprisingly open and expansive. This was despite my impression that many of the questions I was asking

them were rather taboo in nature. Indeed, on a number of occasions women told me of events such as rape, or feelings concerning the imminent death of a parent or of the humiliation associated with investigations for cervical pathology, which they said they had not talked of before. In this respect, I find similarities with the work of Martin (1987), who describes times during fieldwork in which it seemed as if the most profound events of someone else's life had been "shoehorned" into her own. Because of this role, it felt as if fieldwork was not an altogether exploitative enterprise (cf. Hatfield (1973).³² Nonetheless, I am deeply indebted to my informants, particularly Katy, for what they have shown me.

CHAPTER TWO

THE INFLUENCE OF CHRISTIANITY

So God created man in his *own* image, in the image of God
created he him; male and female created he them. (*Genesis 1:27*)

Introduction

In the first part of this chapter I argue that the study of informants' cosmology is important in understanding aspects of the quotidian world. More specifically, following Delaney's (1986) suggestion of a consistency between cosmological and procreative beliefs, and of a link between monotheism and a monogenetic theory of reproduction, I examine the way in which God's role in Biblical creative myth is perceived among informants. Later in this Chapter I examine ideas within the tradition of Christianity concerning the asexual reproduction of the Virgin Birth and the 'closed' nature of the Marian body. These ideas appear to be consistent with informants' attitudes towards parental sexuality and notions of the feminine body, as later chapters will clarify.

2.1) The importance of cosmology

There are a number of reasons for examining cosmological issues in what is fundamentally a study of social and moral relationships. To begin with, it has been argued that, despite the decline of certain institutional religions, religious beliefs remain an important part of everyday life (for example, Glasner 1977; Pagels 1990). I was interested to know the extent to which informants' cosmologies were influenced by a 'backdrop' of Christianity, as opposed to a scientific or biomedical model (see Chapter 1.3).

A second reason for examining cosmology is concerned with interpretation. In this thesis I take 'cosmology' to be a "comprehensive view of the world, of society, of the situation of man (*sic*) which informs thought, behaviour, perceptions" (Feyerabend 1975: 223). According to Searle, it is especially difficult to know how to interpret informants' statements without sharing some of the principles which govern their knowledge of the world (1979). In a study of Piarroa kinship, for example, Overing (1985) found the use of kinship terms in everyday life highly unpredictable and unresponsive to formal semantic analysis. However she found it possible to discern certain principles in the ordering of the mundane through the analysis of kinship relationships of Piarroa mythical beings. Once kinship and affinity are placed within the context of cosmology:

[they] become subsumed under broader metaphysical principles, such as the nature of similarity and difference, and take on ontological dimensions that go far beyond the distinction of kin and affine as we might understand such a distinction within a "normal" social context (1985: 157-8).'

In addition, the apparent association between "intimate and ultimate concerns" (Delaney 1986: 494) raises the possibility of a relationship between specific procreative beliefs and the wider context - cosmology or world view - in which they occur (Delaney 1986). Delaney believes that this is what is important about indigenous theories of procreation and not, for example, whether there is any association between sexual intercourse and pregnancy, as raised by the so-called 'Virgin Birth' debate (see, for example Leach 1966; Spiro 1968; Douglas 1969). The analysis of motherhood and fatherhood as cultural concepts rather than biological facts may help to ascertain what procreation, in its broadest sense, is about. Similarly, Weiner suggests that in other societies (if not our own), the cultural domain of reproduction may be the very basis through which the social and the cosmological become integrated: "the principal features of reproduction may be more transcendental than biological" (1978:175).²

This relationship between procreation and cosmology means that we need to pursue meanings wherever they lead us and not be inhibited by the boundaries of domains such as 'reproduction', 'kinship' or 'religion' (Delaney 1986:496). At the same time, biological capacities, such as those to do with child-bearing, may be utilised as powerful symbols which not only articulate religious relationships but which, once informed by the values of this domain, also serve to endorse perceptions of gender at the wider, social level (Craik 1979). In sum, the study of metaphysical beliefs may be helpful in understanding what is important about sexuality and procreation, offering insights, for example, into ontological principles of

similarity and difference and into mundane social relations - such as those between kindred and those between the sexes.

2.2) Informants

On the assumption that all informants would have at least secondhand knowledge of the Bible and would be familiar with elements of Judeo-Christian tradition, nineteen women were asked how they understood certain creative 'events' in the Bible, (namely God's creation of the world in seven days, the creation of Eve from Adam's rib and the Virgin Birth) in an effort to understand the procreative role attributed to God. This was carried out irrespective of whether or not informants accepted the occurrence of these events.

Katy is unrepresentative of most informants in as much as she converted from Anglicanism to Roman Catholicism during the period of fieldwork. Her change in denomination was, in part, prompted by a desire for a more ritualised form of worship. The act of conversion also gave her the opportunity to discuss the many different aspects of Christianity which were puzzling her; she had regular sessions of mandatory religious instruction with a priest (Father Benedict) prior to her acceptance by the Church. At the same time, she was developing a deep friendship with a woman called Dina who was a Jehovah's Witness. Katy was, therefore, already thinking about many of the cosmological and ontological issues I was to raise with her. This was in contrast to the majority of my other informants who admitted they rarely thought about such things. However, in common with those other informants who held religious beliefs, Katy's mode of belief was highly personal; while

great respect was given to the knowledge of theologians and Father Benedict, and while explanatory texts issued by her church were referred to when I asked for interpretations of certain rituals such as baptism, in her interpretation of biblical stories and in her ethical views, Katy might consciously dismiss Catholic dogma.

Eighteen other women were asked questions concerning cosmology. Of the total of nineteen informants, the majority (eleven) had some religious belief, although only seven of these were actively practising their faith. Most women in this group of eleven had some affiliation with either Roman Catholic or Protestant denominations. Three informants were agnostic. Five women stated that they had no religious beliefs, but on further questioning it appeared that what this often meant was that they did not subscribe to any specific dogma; all members of this group believed either that each individual had a spiritual aspect, or believed in the existence of a superhuman force. For instance, one woman describing herself as a "lapsed Catholic" had no belief in individual soul, but understood God in the following terms; "I believe in a god...in the form of a force rather than a being. I think of God as being energy and a sort of life force." Another woman, a 25 year-old nurse, did not see this force as necessarily omnipotent:

I think there is something, somewhere, that sort of ordains people's lives or whatever...decides what's going to happen...whether it's good or bad. I think there has to be.

Alternatively, a 25 year-old secretary said that she believed there might be "something out there that's bigger and wiser than we are ...but I think that God is a man-made thing."

2.3) The creation of the world

In describing how they understood the creation of the world, the largest group of informants (eight) accepted exclusively scientific explanations, such as the 'Big Bang' theory,³ although they were reluctant to describe such theories in any detail. The following explanation is offered by one of the less inhibited informants, a 22 year-old chef who had a convent school education and is now a non-practising Catholic:

Well, for a start, I probably believe our planet was...is probably the result of some reaction, a spin-off from the sun or something like that. The life form most probably came from some kind of sea...marine..biological beginnings and probably just evolved from that, probably with sub-nuclear reactions...atmospheric...to make us the way we are now.

Acceptance of scientific explanations was not always wholehearted; some women in this group thought such theories were more plausible than religious ones, but would nonetheless prefer to be able to believe in the story of *Genesis* as described in the Bible. A second group of three informants was unsure which explanation to accept; all women in this group believed in God, but found scientific explanations more credible. Three more women thought that scientific explanations were most probably valid, but the events they described were still ultimately influenced by God. A further four women, including Katy, thought God alone had created the world, and one woman replied that she had never thought about the issue and so could not comment.

A sure belief in God as creator did not mean an informant held a straightforward view of how creation came about. Katy, for example, found, despite her faith, that the Creation was beyond understanding.

Sometimes - when you think about God and you think "How did He do it?" and "What did He do?" and "Where did He come from?" - my mind plays tricks. I don't like to think about things too much because then my mind does go - it's just done it there - do you understand? It kind of *somersaults* when you think God has always been from....when.

Of those who believed God created the world either exclusively or through His influence (seven, including Katy), only two informants believed this happened as stated in the Bible. The others understood the story of creation in *Genesis* as allegory. One woman, a part-time lay chaplain, said, for example, "certain things were created from the light and dark and maybe [the Bible's writers] were trying to put some sort of order in it." This view of the Bible's meaning as symbolic was particularly clear in the case of the creation of human life. Most informants, while recognising that humans had to originate from something, did not think we can all trace our origin to a specific couple named Adam and Eve. Nonetheless, the story of Adam and Eve was seen as meaningful by over half the informants, mostly as a moral tale, even among those who professed to have no religious beliefs, such as this 29 year-old chartered surveyor;

- I: I do tend to feel that Adam and Eve and similar tales - perhaps this is a little bit blasphemous - are ways in which people have managed to try and explain vast uncertainties in life - just so you can put things down to human scale and aren't really too scared about why we're here and what our purpose is in the world.
- J: Does it help you personally? Does it explain anything at all to you?
- I: Not in terms of why I'm in the world but perhaps, as the Bible and similar things have been around for so very long, it does help, I suppose, to indicate how Man has or hasn't moved forward, depending

on how you regard civilisation and your moral code and belief and things.

The lay chaplain, who was in favour of the ordination of women, had a very different understanding of the myth of Adam and Eve compared with other informants. She suggested that the original Hebrew version had been mistranslated and that the term *hā'ādām* refers to people or humanity "rather than the male and female business". *Hā'ādām* is sexually undifferentiated until put into a deep sleep from which he/she emerges as two new beings, male and female. There is no sense of inequality between these until after the Fall, when the male being, Adam, names the animals and so proclaims his lordship over them and then similarly names Eve.⁴

In sum, understandings of the act of Creation provided little insight into a broader understanding of procreation. What was interesting was that most women were reluctant to discuss this issue or found it of little personal concern. While the majority of informants offered a picture of the creation of the world as a chain of physical reactions occurring without any metaphysical initiative, the nature of these reactions were only vaguely sketched. They were assumed to be scientifically known but unknowable by informants. It appeared therefore that scientific beliefs were allowed tremendous explanatory power⁵ at the expense of informants' personal cosmologies.

This finding can be seen to parallel an observation made by Daly (1973), regarding the Fall of Adam and Eve, that this story is not given serious weight in 'the modern consciousness'. Theologians, she claims, are divided as to whether to remove the 'shell' of myth and yet retain some of its alleged content, or to retain the myth yet not take it literally. Moreover, while the meaning of the Fall has been understood in such terms as 'universal alienation' or 'existential estrangement', Daly finds that the vision of the relationship between the sexes which the Fall portrays is treated as if it is unimportant in both secular and religious domains (1973: 44-5).

The majority of informants were not questioned on their understanding of the Fall when they were asked about other events in *Genesis*. At this point in the research I was specifically interested in ideas of creation and procreation and I did not perceive the Fall, as I do now, to be part of a creation myth. I therefore had not considered its potential for indicating an overarching theory of procreation, for example, through the relationship between the sexes that it portrays. As Daly suggests of many of my contemporaries, I did not give serious weight to the Fall. Consequently, I was slow to see its ontological significance. (This significance is discussed more fully in Chapter 7.)

Those informants I *did* question about the Fall also appeared to give it little significance. Katy was unfamiliar with the expression 'the Fall'. She understood the story of the expulsion of Adam and Eve from the Garden of Eden to be concerned with 'self-discipline' and trust; because they broke the trust of God, Adam and Eve were expelled

from the Garden of Eden and were no longer loved by God. Similarly, the lay chaplain said "I see the Fall as just being banished from the Garden. In a way, before the Fall, they're actually very close to God." Adam and Eve were expelled from the Garden because they had disobeyed God and eaten the fruit of a certain tree. This particular informant was unsure what it was that the tree represented, but thought that it was probably the tree of good and evil, and that the fruit represented knowledge of evil. Significantly, no informant mentioned Eve's greater culpability in the Fall, nor of the penalties which have supposedly been visited on women as a result, such as pain in childbirth and submission to the demands of men (see Genesis 3.16-19).

2.4) God as male

If Eve and, subsequently, all women have been the "primordial scapegoats" (Daly 1973: 47), it is hardly suprising if the predominant representation of God in theological and everyday discourses is as male. It has been clearly the dominant practice in the Christian tradition to address God as 'Father'. This is despite many examples of qualities and actions that might be regarded as 'motherly' in the language of the Bible (King 1989:129). It has been seen to be necessary by some writers to challenge the identification of God as Father, largely because of the inherent social implications of such an association. As Daly has said, for example:

The biblical and popular image of God as a great patriarch in heaven, rewarding and punishing according to his mysterious and seemingly arbitrary will, has dominated the imagination of millions over thousands of years. The symbol of the Father God, spawned in the human imagination and sustained as plausible by patriarchy, has in turn rendered service to this type of society by making its mechanisms for the oppression of women appear right and fitting. If God in 'his' heaven is a father ruling 'his' people, then it is in the 'nature' of things and according to divine plan and the order of the universe that society be male-dominated. (1973:13)

However, contemporary Christians are divided over calling God 'Mother'. Some feminist theologians, for example, are against this trend, stating that to portray God as Mother would represent only trivial reforms in a patriarchal Church (Daly 1973). At the same time, calling God 'Mother' might invoke apparently immutable sex-specific clichés. For example, it could suggest that motherliness is implicit in the nature of women and independent of social conditions (Wacker 1989). As King has said:

The realm of divine female imagery and symbolism is larger than the idea of motherhood, just as woman's experience is not coterminous and identical with human motherhood - it is a central but not exclusive aspect of her life. (1989:130)

These feminist theologians are wary of merely replacing a patriarchal with a matriarchal model of God and of overlooking the way in which maternal language can be oppressive or may be sentimentalised (McFague 1989).

Informants' male God

In contrast with the reticence of informants to discuss the events of Genesis, many were more expansive about how they understood God, particularly in terms of gender attributes. Of sixteen women questioned, twelve saw God as unequivocally male, two saw God as a sexually neutral figure, and one woman had not thought about the issue.

Of the women who understood God as male, several saw this as the outcome of the sorts of images of God which had been presented to them as they grew up. Furthermore, this image of God was unproblematic for most women. For example, a 30 year-old nurse who belonged to the Church of England said "That is something I can accept because if you go to Church it's all written out. That's how it is and...I don't feel the need to change that". A secretary, also belonging to the Church of England, imagined God as a "dear old gentleman sitting on a chair in the clouds". She nonetheless found it puzzling that God should be male:

If I want to ask for advice or say prayers or do whatever I do, I have to think of a being, and that [image of the old gentleman] ..it's always been the symbol presented to me. But why it is a man and not a woman I don't know.

Yet, at the same time, this woman had no wish to replace the male image of God with a female one. She explained her acceptance of the *status quo* on the basis of not being a "woman's libber". This suggests that underlying God's apparent maleness is an assumption that if God has power and authority, God must be male.

Indeed, several informants explicitly stated that it was preferable that God, as a figure of authority, was male. One lapsed Roman Catholic woman said, for example, "I think, in a way, I prefer him to be a man anyway...you just, sort of, accept a man as being a bit more dominant, I suppose." Another informant who belonged to no denomination remarked "I think, traditionally, one always thinks of God as being masculine. In fact, I find it...I wouldn't say offensive but it doesn't sit right to think of Him as a woman."

The lay chaplain, who worked at a musician's college and was clearly used to talking about religion *viz-à-viz* sexual politics, took the following position:

I think it's very easy to [think of God having a particular gender] because the Church uses 'Father', but especially being with students and quite a lot of feminists, the idea of God being Mother is also very ...I don't think of God as having a sex...Whether you think of God as male or female actually affects the way you think about God, but I wouldn't really think of God as one or the other.

Having said that, this informant added that it was sometimes helpful to think of God as mother. In this respect she differed to Katy. On the one hand, Katy thought that God was essentially without gender;

We imagine Him to be a male figure, like you or I in that form, because that's the only way we can imagine Him to be...that's as far as our imagination goes. But He's a spirit - in what form I don't know.

On the other hand, although it was acceptable to Katy to conceptualise God as male in the absence of any more suitable image, it was quite unacceptable to represent God as female: "You know, I saw a stupid woman on television once who said God is a woman!"

2.5) God as male creator

God's perceived maleness becomes significant in understanding the creative powers attributed to God and to the masculine in general. It has been argued that in monotheistic religions, divinity is creativity and that creativity can be understood as the principle which animates the universe (Delaney 1986). What is more, this principle, at least in Christianity, is explicitly masculine, that "the male as father is creator of human life, as God is thought to be of life in general" (Delaney 1986: 504). Delaney also suggests this is unsurprising in our culture, where there is both a tradition of monotheism and an overarching system of patriarchy,^e each of which exalt the father. Although the ultimate father in Christianity is divine, Delaney argues that the implicit meaning of his fatherhood remains the same in the case of human fathers. According to Delaney, in the West the dominant 'folk' theory concerning human reproduction has, for centuries, been based on the notion that a child originates from only one source. While mothers give birth and offer nurturance, fathers provide the child's essential being.

Warner expands on this theory, suggesting that this western tradition can be traced to classical philosophy (1985: 34). In the Hellenistic world, the Stoics had believed that the male 'seed' which

provided body and soul joined with the woman's soul to create the embryo. In other words, the embryo was virtually complete before it entered the womb and the female contribution was minimal (1985: 40). However, it was Aristotle's ideas of generation, once given authority by Aquinas, which became widely held among Christian writers:

After the spread of Aristotelian biological ideas in the thirteenth century, the overshadowing power of the Holy Spirit was closely identified with the operation of the male in human generation. (Warner 1985: 39).

According to this school of thought, woman provided the matter for the embryo, while man invested the matter with form and motion.⁷ This model might be seen to give women an important role in human reproduction. However, due to a contempt for matter inherited from the Greeks, the female role was considered animal and therefore inferior. In contrast, the male role was understood to include the much more noble function of imparting life itself (Warner 1985: 40). Thus from Aristotelian philosophy, Warner argues, comes the traditional western view which perceives man as the active source of life and woman as the passive incubator.

The existence of this tradition helps to explain the fact that biological fatherhood was recognised long before empirical evidence for the role of spermatazoa was available (Barnes 1973). While scientific evidence of a male contribution to the fetus was easily incorporated into notions of fatherhood, observation of the ovum had little immediate impact on the understanding of biological motherhood; the knowledge that both men and women contributed essentially to a child was not widely assimilated until the middle of this century (Delaney 1986:508).

Even now there remains the question posed by Delaney of why, with the genetic contribution of the ovum established, evidence of the folk theory persists, not only in everyday speech^a but in theological language and in the discourse of academics (including feminists).^a

My data offer one answer to this question, by suggesting that, although informants are aware of an equal genetic contribution towards a child on the part of both male and female parents, there is, in addition, a notion that a gender-specific contribution is made by each parent. Over and above a genetic contribution, the father in some sense instigates the pregnancy and is responsible for the provision of a new being which is complete in its essence. The mother then nurtures this being and plays the major role in its early 'upbringing'. Thus informants' understandings of procreation refer to ontological as well as ontogenetic development, and to notions of gender as well as biology. For want of a better term, I shall call this the 'ontogenetic model of procreation'.

Evidence of this model in relation to both divine and mundane reproduction could clearly be glimpsed in conversations with Katy. For example:

J: Why do you think people talk about God the *Father*?

K: Because He is the father of everybody.

J: But why don't we say 'the Mother'?

K: Because we all come from a father, don't we. It's the man that we all come from.

J: In what way?

K: Well I suppose we...I don't know...it's the man who is....[stops]

J: When you say that fathers create, what is their contribution to procreation that's different to mothers? What do they provide that's...

K: Well the sperms are in them....but then the eggs are in us, aren't they!

J: Do the sperms have more...

K: Yes the sperms are the actual being, aren't they.... I mean, the sperms are all male and female. There's billions of males and females in amongst the sperms, aren't there. It's like the sperms are the actual being.

J: So what are the eggs then?

K: I know they have to link to make...I don't know, the sperms just seem more important than the egg..although it takes the egg as well. The sperms just seem to be the actual thing, the actual beginning of life.

This conversation suggests that, in reproduction, fusion between an ovum and sperm is necessary. In other words, there is evidence of a 'biogenetic' model of reproduction. However, this appears to co-exist with a notion that the vital essence of life is provided by the male, suggesting an understanding of procreation based on the amalgamation of scientific and religious paradigms. Other informants also appeared to hold this complex view of procreation, which is enlarged upon in Chapter Six.

Evidence of such a model does not appear to support Delaney's assertion of a relationship between monotheism and monogeneticism. However, if we allow Parsons's point (1966: xlvi), that Christianity is not, strictly speaking, monotheistic, as the Holy Trinity has at least polytheistic aspects,¹⁰ it is still possible to argue for a relationship between cosmological and mundane representations of procreation; the father is still exalted but more than one creative source is recognised. As one 30 year-old, Church of England nurse said, "All right, the man provides the sperm and the woman carries, but you do need the two of them."

2.6) The Virgin Birth

According to Delaney, the meaning of fatherhood made explicit in Christianity is exemplified by the Virgin Birth (1986: 494).'' Warner maintains that "ideas about the Virgin Birth have always been to some extent dependent on knowledge about human reproduction" (1985: 39), but at the same time notes that the miraculous nature of the event should not be overlooked. She suggests that the juxtaposition of the 'rational' and the miraculous in explanations of the Virgin Birth stem from the influence of two earlier traditions - Jewish and Greek - upon Christianity. These traditions are contradictory in as much as in Jewish belief all things are possible with God, while in the Greek view some things are impossible in nature. The outcome of this contradiction, says Warner, has been the typical Christian miracle: the Virgin Birth, the 'raising' from the dead and other 'unnatural' phenomena which demonstrate the existence and power of God. Theologians who wished to explain such miracles without damaging the miraculousness of these events came to rely on biological beliefs which, until this century, were such that the Virgin Birth was perceived as naturally possible and yet divinely instigated (Warner 1985: 40). With the discovery of genetics, the virgin birth became more improbable. Yet as Warner points out, the possibility of a rational explanation for this event distorts the fundamentals of Christian doctrine, "[f]or the Virgin Birth of Jesus, like his Resurrection, is the luminous sign of his divinity precisely because it suspends the natural order" (1985: 43).

With this in mind, sixteen women were asked about their understanding of the relationship between God and Jesus in the light of the dogma of the Virgin Birth. Was, for example, Jesus the son of God and, if so, to what extent was this a biological or a spiritual relationship? Answers were far from straightforward and one informant declined to comment. Most informants believed in the existence of Jesus as historical fact, but regarded the issue of whether he was the son of God as another matter. Some informants, for example, thought of him as a wise man or prophet, but of entirely mundane origins. While only one woman positively believed in the Virgin Birth as an event, all women understood the story in similar terms, that is with God as the sole generative agent. However, the relationship between God and his son was seen as a spiritual rather than a biological one. Many women supported this view by drawing attention to the notion of the Holy Trinity in which Jesus and God are presented as one and the same. To transpose this into the language of reproductive biology, Jesus was seen as a kind of spiritual clone, with Mary as a mediator between heaven and earth, through whom 'the Word was made flesh'.

As the 22 year-old lay chaplain put it:

[Jesus] was male and he was on earth, but he's actually God as well, so in a way he's the same as God so I wouldn't think of him so much as father and son - although of course there's all this business that he came from Mary. He's like a child of God which, if you're a Christian, you believe you're also a child of God.

Similarly Katy states:

K God put seed into Mary.

J: How?

K: Because He's God and He can do anything. It's not..you mean how did He get it in there? He just put it there. If you believed in a god you'd believe he could do anything.

- J: What does that mean about ... am I right in saying you would recognise sperm as 'seed'?
- K: Yes, but it's not actually God's sperm because He isn't a man.
- J: That's what I'm trying to get at.
- K: God *is*. Always has been. He's a spirit. He's not like you and I are. He's a spirit and that's how Mary conceived a child. That's why...the Father, Son and Holy Spirit is One, if you see what I mean. They are one.
- J: The 'seed' is different then than the sperm in semen?
- K: Yes, I think so. Because it was a boy child - do you see what I mean. He put the seed of a boy child into Mary.

Katy's use of the term 'child' suggests that Mary made no substantial contribution towards Jesus, that God did not 'impregnate' Mary with the equivalent of sperm, but with a being - *His* being - that was pre-conceived.

All informants who spoke of the relationship between Mary and Jesus understood this as a biological one. However, the nature of Mary's biological contribution was not always clear. There was certainly recognition that Mary nurtured Jesus in her womb and gave birth to him. Only one informant, the lay chaplain, appeared to suggest that Mary might have made any contribution to the substance of Christ; "He had to be of God - God had to be in him *like Man was in him*, so he had Mary and God was his father" (my emphasis). However, a further statement from this same informant implies that Christ's humanness came from an emotional attachment resulting from the gestational period; "I don't think you can spend nine months in the womb without being bonded to the woman." Just as Mary appears to play no generative role in the Virgin Birth, the data suggests that at the mundane level, women's generative powers are given little stress.¹² However, other aspects of motherhood such as nurturance, either in *utero* or in 'upbringing' are emphasised.¹³

In sum, informants offered a view of the Virgin Birth in which God's role was predominantly as initiator and provider of being, while Mary's role was as nurturer. Informants also suggested a parallel between the single-handed creativity of God and the perceived role of the human father.¹⁴ As such, the data offers some degree of support for Delaney's thesis. However, it cannot be assumed, as Delaney assumes, that maternal nurturance is of less importance than the paternal contribution of vital essence. Indeed, data presented in later chapters (see Chapters 4, 5, 6 and 7) endorses the significance of nurturance. Moreover, Delaney has suggested that, within this procreative scheme, God's relationship to the natural world parallels that between man and woman (1986: 503). However, later chapters will suggest that the nurturance attributed to women by informants is concerned not only with the bodily needs of those who are mothered, but is also associated with the creation of a moral being. According to this scheme, and following from the discussion of the nature/culture debate in Chapter 1.3, women cannot be straightforwardly identified with the natural world.

2.7) The Virgin Birth and sexuality

Additional aspects of motherhood and fatherhood can be suggested if the Virgin Birth is to be used as a model, concerning the ideal of asexual parenthood and the integrity of the feminine body. These aspects were generally not referred to by informants in discussions about cosmology, although evidence for them emerged elsewhere.¹⁵ This chapter nonetheless appears an appropriate setting for a discussion of the possible links between cosmology and these procreative ideals. In this discussion, among other sources, I draw on work concerning the Greco-Roman and early Christian eras, on the grounds that these are thought to have been times of crucial importance in the establishment of present-day western culture (Ariès 1985; Foucault 1985).

2.8) Integrity of the feminine body

According to Warner, the Virgin Mary represents a central theme in the history of western attitudes towards women (1985: xxiv-v) although "formed and animated by different people for different reasons" (1985: xxii). One of the most consistent images, however, is of Mary as the feminine ideal by virtue of her motherhood. As Kristeva has said, "[m]any civilisations have subsumed femininity under the maternal, but Christianity in its own way develops the tendency to its full (1986: 101). However, what ultimately marks Mary as the Church's female paragon is that in her, parturient motherhood is combined with sexual purity. This ideal is one that is impossible for other women to attain¹⁶ and raises a point made by Maeckelberghe (1989). She suggests that there is a difference between the way in which institutions have

interpreted Mary and the human experience of Mary. Moreover, Maeckelberghe believes that:

the institution and the level of experience with regard to 'Mary' are much closer to each other in the case of men than in that of women, and that 'Mary's' virginity is especially important for men, whereas her motherhood is the point of contact for women (1989:122).

This apart, the dogma of the virgin birth which proclaims parturition without sexual intercourse has to be understood as a miracle or as an exception to everyday life.¹⁷

As a miracle, the Virgin Birth provides an example of a more general phenomenon described by Bloch and Parry, in which symbolic transformations invert what is perceived in other contexts (1982:19). Viewed in this light, the Virgin Birth offers insight into the concepts of human motherhood and fatherhood in the sense that it demonstrates precisely what they are not. In the Virgin Birth, God's son is none other than God in a different form. This therefore suggests that human fatherhood, as non-miraculous, is *not* concerned with the reproduction of the same being in different form. Similarly, human motherhood is neither concerned with the conception of a child who is totally other, nor with the bearing of a child by a virgin and who, for some, remains a virgin even after giving birth.¹⁸ The issue of sameness and difference in procreation is dealt with elsewhere (see Chapters 5 and 7, for example). Here, I want briefly to consider the importance of the integrity of the Virgin Mother and its implications for human motherhood.

According to Warner, the Fathers of the Church attributed an importance to virginity partly because of the image which they held of the female body. Delaney has pointed to a widespread understanding of the difference between the male and female body:

Men's bodies are viewed as self-contained while women's bodily boundaries oscillate and shift, for example, in developing of breasts and the swelling of pregnancy; they leak in menstruation and lactation, and are permeable in intercourse and birth (1986: 499).¹⁹

What is more, according to this view, physical features take on moral attributes, so that men become associated with penetrative insight and firm views while women are perceived to oscillate according to the influences they experience (1986: 499).²⁰

This perception of women is compatible with, among many others, the Church Fathers' interpretation of Eve's susceptibility to temptation by Satan, behaviour which was punished by the specifically female role in reproduction.²¹ It has also been compatible with the metaphor of woman as an 'unsound vessel', of the female body as 'opened' through menstruation, sexual penetration and birth, which has been exploited by Christian tradition (Warner 1985). However, this image of woman condemned by the Fall is opposed by that of Mary the Virgin Mother, whose body is portrayed as seamless, unbroken, "an epiphany of integrity" even after giving birth (Warner 1985: 73). The concept that wholeness is equated with holiness is one that has underlain the stress on virginity and asceticism which can be traced within Christian tradition (Warner 1985: 72).

Mary's perpetual virginity suggests that her body is closed in a way that it is not possible for other, more ordinary women. Therefore, bearing in mind that the Virgin Birth portrays the miraculous, the mundane meaning of motherhood would appear to be concerned with the non-integral feminine body, the body in which the potential for 'openness' is realised. This 'openness', however, need not necessarily be a passive receptiveness (cf Delaney 1986: 498.) For example, Craik (1979) notes that the concept of the feminine within Christianity is represented in the metaphor of the 'bride of Christ'. In the context of Catholicism, this term refers both to nuns, who are understood as virgins rejecting *worldly* penetration, and to the Church itself: the relation of Christians to Christ, "conceived in sexual and intimate terms" (Craik 1979: 104), can be expressed in the symbolism of the bride and groom. Maltz has seen this relationship in the following terms: "the purity of the bride, like the purity of receiving the Holy Spirit, is a status achieved by one's willingness to receive" (1978:36).²² This suggests that penetration and its antithesis are central metaphors within the discourse of Christianity.

Such a suggestion is also supported by the symbolism of the Eucharist. In the Catholic Church, those who receive this sacrament are 'feminine' in their relationship to Christ (Craik 1979). Not only are they made participants in the very substance of the body and blood of Christ,²³ but "[t]he Host or the God-man enters man's inner flesh and through this intimate contact we become one with him" (Thurian 1981:229). The sacrament, the flesh and blood of Christ in the form of bread and wine, is not transformed into those who eat it, but changes

those who eat it into itself (Camporesi 1989). This transformation occurs not in the mouth but in the belly; as Camporesi describes it, the "raw flesh of the divine" is taken into the communicant's innermost aspect. In this sense, those who partake in the Eucharist can be seen to embrace an openness and a potential for physical/moral change.²⁴

As suggested above, differences between the male and female body have come to be seen as indications of other, non-physical differences, and that physical attributes assume moral qualities (see also Bynum 1989; Laqueur 1987). Yet even within the kind of conceptual framework which draws a connection between the morphology of the body and the morphology of different thought processes - or even of different moralities - it is possible to find evidence to suggest that women's perceived 'openness' can be viewed as positive in some respects. Such a view has been reported elsewhere. Hirshon (1978), for example, describes the female states of being 'open' and 'closed' in Greek culture, states which are both quasi-physiological and founded on the moral virtue of women. My own data, presented in Chapters Four and Five, similarly makes the point that 'openness' may, in some instances, have positive associations.

2.9) Asexual reproduction and asceticism

Part of the miracle of the Christian Virgin Birth is that pregnancy occurred without sexual intercourse. Mary became pregnant through divine will and not, as is more often the case with virgin births in other mythologies, through "voluptuous theogamy" (Warner 1985: 35).²⁵ While, cross-culturally, it is not unusual to find that virgin birth may assert the closeness between humans and higher orders (cf. Schneider 1968), Christianity is unusual in using the idea of a virgin birth as a model for ascetism. For, from the second century onwards,

[t]hrough the ascetic renunciation of the flesh, a woman could relieve a part of her nature's particular viciousness as the Virgin Mary had done through her complete purity...Through virginity and self-inflicted hardship, the faults of female nature could be corrected. (Warner 1985: 68-9)

The power of virginity was seen to operate at two levels. First, the image of the female virgin body was the supreme image of wholeness, and wholeness was equated with holiness (see 2.8 above). Second, the Fathers of the Church taught that a virginal life helped to reduce the consequences of the Fall.²⁶ Virginity was not stressed in the same way for men; male virginity did not imply the same kind of wholeness attributed to virginal women (Warner 1985). However, celibacy on the part of women and men, whether virgins or not, traditionally represented one of the principal means for restoring humanity to Paradise, the "Paradise of virginity" which existed before the Fall (Pagels 1990: 79).

2.10) The human condition as 'flesh'

As a consequence of the Fall, the body became corrupt and, thus vitiated, came to be described as 'flesh'. The term 'flesh' has come to represent both the human body and its transience. It is therefore more than a metonym for the body, but denotes something of the human condition; it is "an ontological leap into a mortal condition" (Tazi 1989: 530).

'Flesh' also has a sexual gloss. It has been suggested that, before Paul, 'flesh' referred merely to human mortality and not to the burden of original sin or the body charged with sexual knowledge (Tazi 1989). In the Fourth Gospel, for example, the Incarnation is referred to in terms of the 'Word' or the Holy Spirit becoming 'flesh'. Yet Christ as the divine taking on human form and mortality is never tainted with original sin - he is conceived without sex and remains celibate. By such means Christ, as God enfleshed, retains a distance from the human condition. From Paul onwards, however, "the conflict between the things of God and the things of man, between heaven and the world, is perceived in sexual terms, and a Hellenistic fear of reason's overthrow by passion" (Warner 1985: 56).²⁷ Augustine found it significant that, after eating the forbidden fruit, Adam and Eve covered their genitals rather than, say, their mouths which had consumed the fruit. From this gesture Augustine reasoned that the knowledge acquired by Adam and Eve was of an inner force which he called *epithymia* (concupiscence). This force affected all areas of life but particularly the passion associated with the sexual act. The premise for this connection between sexual intercourse and original sin was the Virgin Birth of Christ; thus

Augustine linked the sinfulness of sex, the Virgin Birth and the ideal of virginity (Warner 1985: 54).

However, what Foucault has referred to as the 'sexual ethic' (1985: 25) of Augustine and other Christian ascetics also has to be seen as part of an, albeit discontinuous, intellectual tradition concerning the significance of controlling bodily desires, perceptible, for example, within Stoic or Neo-Platonic philosophy (1985: 25). Foucault maintains that Greco-Roman austerity was essentially concerned with self-domination and showed little regard for the question of purity. Christian asceticism, on the other hand, was based on the idea that self-control was necessary in order to maintain purity. Moreover,

the paradigm of self-restraint becomes a feminine paradigm through the theme of purity and virginity, based on the model of integrity. Physical integrity rather than self-regulation became important. (Foucault 1984: 366).²⁸

By the end of the fourth century, the contrast between mind and body in philosophy became represented within Christianity as the opposition between spirit and 'flesh' (Turner 1984) and Christian asceticism came to represent the control of passion, the spirit's conquest over the 'flesh'.

The body in Greek thought had been the focus of a struggle between form and desire (between Apollo and Dionysus). Christianity inherited this viewpoint but darkened it by seeing the flesh as the symbol of Fallen Man and irrational denial of God (1984: 36).

'Flesh' came to refer to an aspect of the body associated with sexuality and sin but one that nonetheless remained ambiguous. Foucault has described this character of 'flesh' as

a notion that refers to a single entity and allows diverse phenomena to be grouped together, despite the apparent loose connections

between them, as if they were of the same nature, derived from the same origin, or brought the same kind of causal mechanisms into play: behaviours but also sensations, images, desires, instincts, passions (1984: 35).

In this he finds 'flesh' similar in its diversity to 'sexuality'.

However, he clearly regards them as different entities, with sexuality making a more recent appearance: "[w]e have had sexuality since the eighteenth century, and sex since the nineteenth. What we had before that was no doubt the flesh" (Foucault 1980: 211). Significantly, this 'flesh' has a special identity with the feminine (Warner 1985).

According to Dahlberg in her recent study of English Catholics, the link between woman, 'flesh' and fallen nature is emphasised by women's bathing rituals at Lourdes (1987).

Elsewhere it has been suggested that the distinction between the body as an organism and the 'flesh' has been lost over time and that 'flesh' has been transformed into "purely corporeal matter" (Minson 1985: n227). Turner contradicts this by claiming that the Christian tradition of the West which portrays the body as 'flesh' has brought about an ambiguous understanding of the body:

The body is a material organism but also a metaphor, it is the trunk but also the person (as in 'somebody'). The body may also be an aggregate of bodies often with a legal personality, as in 'corporation' or in 'the mystical body of Christ'. Such aggregate bodies may be regarded as legal fictions or as social facts which exist independent of the 'real' bodies which happen to constitute them. The body is the most proximate and immediate feature of my social self and at the same time an aspect of my personal alienation in the natural environment (1984: 8).

According to Turner, within the body, 'flesh' is the location of corrupting appetite, of sinful desire and of private irrationality.

However, Turner also implies that the body has become secularised and is

now, for example, viewed more as a machine controlled by scientific regimes. This transformation, he claims, is a complex one. I propose that it is not a complete one and that, to some extent, understandings of the body continue to be partly informed by a notion of 'flesh'. This claim will be considered further in Chapter Four, where informants' understandings of the nature of the body are examined, and in Chapter Five through the notion of 'flesh and blood'.

2.11) The ideal of the asexual parent

It has been observed in a number of cultures, within the context of ritual, that sexuality is made separate from fertility.²⁹ Bloch and Parry have drawn attention to the presence of this disjunction within Judaeo-Christian tradition, in which the temptation of Eve is understood to have brought death into the world and the expulsion from Paradise. Eve's disobedience incurs a penalty for all women in the form of their role in reproduction. As Bloch and Parry state:

Although sexuality (initiated by woman) results in human fertility, this contrasts with the divine asexual fertility of Eden, is intrinsically flawed and is accompanied by death and a decline of natural fertility. Human and natural fertility are thus opposed to each other (1982: 19).

In other instances, these authors suggest, the biological fact that human reproduction is the consequence of human sexuality is suppressed or denied by the way in which creativity is ritually presented. Thus what is known of biology may be denied in ritual.³⁰ What is more, the denial of sexuality is often effected by the use of gender symbolism; sexuality is placed in opposition to fertility as women are opposed to men (1982: 19). Bloch and Parry suggest that:

the negative aspects of death are commonly seen as inseparable from other biological phenomena (like copulation and parturition); that

in common with other biological processes, decomposition and decay are often (though not always) pre-eminently associated with women; and that this world of biology is elaborately constructed as something to be got rid of so as to make way for the regeneration of the ideal order. (1982: 27).³¹

In this process, fertility is antithetically contrasted with another order which is constructed by reference to such notions as 'biology', 'individuality', 'the body' and 'flesh'. What all these have in common is that they refer to the everyday world, but portrayed in a negative light (Bloch and Parry 1982: 38).

Informants offered a number of examples of this separation of sexuality and fertility. For example, all the women I spoke to about the Virgin Birth were unclear as to how Christ arrived in Mary's womb other than that this occurred asexually. As one convent-educated informant put it, "[t]he whole thing seems to be "It's all very well for God to have children but don't bring sex into it", sort of thing." What is more, the Holy Mother and the Holy Father appear to present an image of ideal parenthood for the secular family based on a non-sexual relationship.³²

The significance for informants of the asexual nature of parents becomes clearer in Chapters Four and Five. Meanwhile, a link between the Holy and the secular family is suggested by Craik, for example, who has said that "[t]he idea of the religiosity of the family can be observed in many aspects, not least of which is the incorporation of the Holy Family as the central symbolic orientation (1979: 106). She notes that Durkheim in his *Incest: The Nature and Origin of the Taboo* (1963) was struck by the suppression of sexual intercourse if it did not have

as its aim the creation of family and, even within the family, how it is irreconcilable with everything it has invested with a sacred quality. Shapiro (1988) makes a slightly different but pertinent point, that the ritual kinship found within the Christian Church (and most elaborated in the Roman Catholic Church), in which God is portrayed as Father, the Church as Mother and the congregation as children, can be seen to encode a denigration of carnality.

Others have written of the influence of the virginity of the Virgin Mother on the image of secular motherhood. Kristeva, for example, refers to the Virgin as "that prodigious structure of maternity that the West has erected" (1986: 113). Maltz states that:

The Catholic image *par excellence* of the bride, the perfect woman in general, and the Church, is the the Virgin Mary, who possesses the unique combination of a wife, a mother and a virgin" (1978: 33).

Janeway also suggests that Mary was both wife and mother of Christ, and that such a dual role was discernable within the Victorian view of 'wife' and is still observable today (1980: 8).³³ While informants attitudes towards incest and the sexuality of their parents are discussed more fully in Chapter 4.3 and Chapter 5.7 and 5.8, it seems pertinent here, in the light of Delaney's thesis, to draw attention to a point made by Douglas, that may suggest more about the culture of the anthropologist than it does of those she observes. Douglas suggests that a bias towards monogenetic models is universal, as to be born of one parent - that is asexually - is to avoid disturbing emotions (1969).³⁴

2.12) Conclusion

In this chapter I have suggested that certain parallels can be drawn between the cosmological world of Christianity and the everyday world of informants living in a supposedly secular society. Some of these parallels are clearer than others. For example, following the work of Delaney (1986), I have found similarities between certain creative powers attributed to God as a male figure and those given to mortal men as fathers. In the case of motherhood however, the relationship between the maternal roles of the Virgin Mary and other women is less clear, but it appears to be inversed: 'ordinary' mothers, for example, are not closed vessels. At the same time, the influence of a Christian cosmology is not only remote, in the sense that many informants do not hold explicit Christian beliefs, but dilute, in that it is cross-cut by the influence of scientific beliefs concerning genetic inheritance. Thus there are indications that my informants hold a more complex model of procreation than the monogenetic, "seed and field" model described by Delaney.³⁵ My informants tend to allow both men and women an equal contribution to the substance of a child, but ascribe transcendental creation exclusively to the father and nurturance to the mother. This 'ontogenetic' model is discussed further in Chapter Six.

The other parallels between Christian cosmology and procreation beliefs referred to in this chapter do not arise from my informants, for the most part, but are extrapolated, for example, from the Christian discourse on 'flesh', or studies of the cult of the Virgin. Drawing on these works in the light of data to be presented in later chapters,³⁶ I propose that the emphasis on asceticism within the Christian tradition

that is at its clearest in the asexual nature of Christ's conception, tells us something about perceptions of parenthood at the mundane level. Similarly, the emphases on Mary's virginity, the equating of wholeness with holiness, and the centrality of metaphors concerned with the penetration or the 'filling' of the feminine within the discourse of Christianity, suggest not only an ambiguous ideal for the secular mother, as both virgin and wife, but for the feminine body as one which, of necessity, has the potential for 'openness', but should nevertheless retain its integrity. This equivocal 'body' - part physical, part metaphysical - is the subject of the following chapter.

CHAPTER THREE
THE PHENOMENAL BODY

Where are we to put the limit between the body and the world since the world is flesh? Where are we to put the seer, since evidently there is in the body only shadows stuffed with organs? (Merleau-Ponty 1968: 138)

Introduction

In Western thought (but not necessarily in everyday experience) there is an assumption that there is one 'person' for each 'body' and that the person in some sense inhabits the body rather than *is* the body. Indeed, the historical tradition has been to place 'body' in opposition to aspects of the 'person', such as mind. There are at least two problems with this assumption. To begin with, the notion of the body as a self-evident unity of parts and processes contained by skin can be seen as the product of specific medical discourses rather than 'natural facts' (Foucault 1973). Secondly, the concept of the person (and its associated gestures, conduct and speech) varies not only between cultures but within some cultures (La Fontaine 1985).

With these issues in mind, this chapter is concerned with informants' understandings of the body and its relationship to personhood, individuality and morality. Following from Chapter Two, we might expect to see that women have a specific experience of the body arising from their potential for 'openness'. Such 'openness' might therefore have implications for the way 'individuality' and 'personhood' are perceived.

Like Scheper-Hughes and Lock, I begin from an assumption of the body

as simultaneously a physical and symbolic artifact, as both naturally and culturally produced, and as secured in a particular historical moment. (1987:7)

These writers speak in terms of 'the three bodies': the individual phenomenal body-self, the social body and the body politic. These three bodies constitute not only three overlapping units of analysis but three different approaches or epistemologies: phenomenology, structuralism/symbolism and post-structuralism. I shall, to some extent, follow Scheper-Hughes' and Lock's distinctions by dividing this examination of 'the body' into two parts: this chapter refers to the body-self and in Chapter Four, the social and political bodies are collapsed. At the same time, I acknowledge that, not only do the 'bodies' drawn by Scheper-Hughes and Lock overlap, but they are arbitrary in the sense that other units of analysis (such as the body known only by dissection) are equally applicable (Starbinski 1989).

3.1) The question of dualism

According to Scheper-Hughes and Lock (1987), the opposition between mind and body, spirit and matter (real and unreal) as an epistemological premise can be traced back to Aristotle's biological view of the human soul in *De Anima*. Others, for example Turner (1984), have seen the 'spirit/matter' opposition beginning with the early times of Christianity. Whatever its origin, this dichotomy has appeared in many guises throughout western history, but is most generally associated with the views of the Catholic philosopher, Descartes. This is despite the fact that within Cartesianism there is an unacknowledged triad of mind, soul and body (Parkin 1985).

A mind/body dichotomy continues to be implicit in the work of many social scientists - although some may privilege the mind and others the body in this polarisation. For example, Durkheim saw humans as simultaneously part of 'nature' because they have bodies and 'social' insofar as they have minds, hence his concept of *homo duplex* in which the individual is composed of asocial passions and social reason:

Man is double. There are two beings in him (sic): an individual being which has its foundations in the organism and the circle of whose activities is therefore strictly limited, and a social being which represents the highest reality in the intellectual and moral order that we can know by observation - I mean society. (1961:29)

For others, a rejection of biologism and an emphasis on the socially constituted nature of humanity has led to an implicit assumption that the body of the social actor is a largely unimportant feature of the self in society (cf. Strauss 1964). In contrast, Foucault (1977) suggests that the body, despite its corporeality, is a social construct and therefore an important issue for social theorists. However, in

denying the primacy of mind and treating the body as the focus of modern discourse (cf. Foucault 1981), he perpetuates a mind/body dualism. Sartre too proposes a dichotomy (1984: 305). He argues for two ontological levels, two very different and incommunicable levels of being: the body as being-for-itself (wholly conscious) and being-for-others (wholly body), hence aligning 'lived experience' with the knowing and speaking subject and in opposition to the body as object. Phenomenologists view the mind-body dichotomy as false but have been criticised for covertly embracing Cartesian 'dualism' by treating the body as an object separate to consciousness (Turner 1984:53).

This aside, it is perhaps the phenomenologists, such as Merleau-Ponty, who have come closest to dealing adequately with embodiment. Merleau-Ponty (1962) has shown that meaning should not be reduced to a sign which is then of a separate domain to action. A shaken fist as an angry gesture does not make an individual think of anger - the gesture is anger itself; the act should not be confused with a cognitive operation (1962: 184-5). To compensate for a widespread but narrow understanding of the body as an object, Merleau-Ponty introduced the concept of the subjective or phenomenal body. This is the habitual, lived body concerned with activity in the world. The boundaries of this body are not strictly defined but vary with person and circumstance. In the case of blindness, for example, the phenomenal person may include a white stick.

One focus of my research was the extent to which informants understood the body as a phenomenological as opposed to a biological entity. This was gauged, for the most part, by the way in which informants understood body boundary, body products and the relationship between such quasi-physiological processes as sexual intercourse, menstruation or lactation and the integral feminine body. At the same time, informants were questioned about the nature of that entity which has boundary and interiority - an entity variously described, both by informants and literature as the 'self', the 'person', the 'individual' or the 'ensouled being'.

There are two points that should be made before looking at these understandings. These refer to i) a distinction between the notions of 'person', 'self' and even 'soul' on the one hand and of 'individual' on the other; and ii) the nature of individuation. With reference to the first point, Dumont has described the 'individual' as two concepts in one; on the one hand, an object "out there....[the] empirical subject of speech, thought, and will, the individual sample of mankind as found in all societies" and on the other, "the independent, autonomous and thus essentially non-social moral being" (1985:94). In order to mark this distinction between the empirical subject and the moral entity I shall refer only to the second, moral aspect Dumont describes as the 'person'.

Secondly, in terms of individuation, the description of a western concept of the person as bounded and unique is a familiar one, and portrayed as peculiar in the context of other cultures (cf. Heelas 1981). Marriott, for example, has noted how single actors are not

thought of in South Asia to be 'individual', that is indivisible, bounded units. Instead, they are understood as 'dividual' or divisible and thought, through parentage, marriage or other less personal relationships, to change the essence of those with whom they come into contact (1976).¹ This understanding, which suggests that bodily substance can be changed by code, might be contrasted with the dualism of substance and code and the unchangeable nature of substance which, according to Schneider (1980), underlies American ideas of religion, race, ethnicity and nationality.² It is not only Schneider who has assumed that the individual is uniquely located in a body. Radcliffe-Brown, for example, defines the individual as a biological organism (1940) and, more recently, La Fontaine uses the term 'individual' to refer to "the mortal human being, *the object of observation*" (1985: 94, my emphasis).

However, the assertion that in western understandings of the person substance is unchangeable has been challenged by Dahlberg (1987) on the basis of her work among English Catholics attending Lourdes. She maintains that according to a complex concept of the person within Catholicism, persons may become physically, spiritually and mentally changed through contact with relics, holy places and objects. Dahlberg finds that one level of discourse within Roman Catholicism - the 'miracle discourse' - conveys the 'body' as a union of spirit and matter; for example, sin is embodied but may be eliminated by contact with the sacred. However, co-existing with this is a second, 'sacrificial' discourse which represents a dualistic notion of the person and devalues the body as the sign of humanity's 'fallen' nature.

Dahlberg points out that it is only within the dualistic representation of the person in which the body is the inferior dwelling place for the self that we can speak of 'the body' and not mean the person.

Dahlberg shows that a dualistic view is an oversimplification of the concept of the person within Catholicism and "hence, within a major tradition in western culture" (1987: 17). We also saw in Chapter One that within some western scientific models, such as embryology and immunology, notions of individuation are complex. It should not be surprising therefore if my informants' understanding of the 'body' in relation to notions of autonomy, boundary and the nature of substance is at odds with the one attributed to westerners by writers such as Marriott (1976: 111).

3.2) The person

The concept of 'person' has been much debated and cannot be dealt with at any length here.³ Instead, to indicate some of the issues involved, I shall briefly turn to Mauss's classic essay (1985). Mauss argued that categories of the 'person' exist in all societies, although few categories corresponded with Mauss's perception of the modern western notion in referring to a unique entity endowed with consciousness. Mauss suggests a scheme of how the modern western notion developed in Hellenised Christian culture. The concept of *personne*, which initially referred to the legal status of a Roman citizen governed by certain obligations, developed into that of the 'person' as a self-governing agent and moral entity. Christianity later invested this agent with the metaphysical attribute of soul. With the Reformation, the Christian understanding of the 'person' as an entity defined without reference to social status or social utility gave way to one in which the person was associated with consciousness; self-consciousness became the basis of a personal morality. This change, said Mauss, coincided with the theological challenge posed by sects such as the Puritans and Pietists who argued for the right to an inner God with whom communication was possible without the intercession of a priest.⁴

Mauss's account has been criticised on a number of counts, not least because of the way in which he transposes 'self' (i.e. the 'universal' sense of self identified with 'personhood' (*moi*)), and role (Hollis 1985: 220-1). Hollis notes that in Mauss's account, the person began as a role without self and became a self without role. This denotes a certain ambiguity about the nature of selfhood and personhood

which is not confined to the work of Mauss. It has been widely suggested that notions of personhood may be fundamentally different even within a particular culture. La Fontaine (1985), for example, says that among the Lugbara, most women and certain men may not constitute 'persons'. Jackson (1989) notes that those Kuranko who confess to being witches are no longer regarded as persons. Strathern (1981) suggests that, for Hageners, gender (rather than sexually-based differences) helps to inform the ethical entity that is the 'person' and, accordingly, females are not perceived to be the same kind of 'persons' as males. La Fontaine raises the possibility that sexual differentiation may correspond with different forms of 'personhood' in western culture (1985). Hollis (1985) and Parfitt (1984) have posited that several concepts of the person co-exist within the social sciences. Jaggar (1983) claims that, through bearing children, western women are not seen as 'persons' but as the raw material from which a 'product' is extracted. She also claims that the social relations of western motherhood are such that it is near impossible for a woman to see her child as a whole person and a part of a larger community to which she and the child belong (1983).

For the sake of clarity, I should state that in this work, particularly during fieldwork, I assumed 'person' to refer to the person-self, the phenomenal as opposed to biological body and a conscious, moral agent and not necessarily a legal entity.

Informants' understandings of 'the person'

It might be expected, in the light of the above discussion, that the notion of 'the person' was inconsistent and ill-defined among informants. While it proved unproductive to ask direct questions (such as "What is a person?"), some understanding of this notion was gained by a more indirect approach. For example, answers to questions concerning the point of origin of 'personhood' carried with them implicit assumptions about the nature of 'personhood' itself. In effect, I treated 'person' (and other similarly obscure notions, such as 'soul') as 'p-structures' - posited before being identified and glimpsed by the "hollow shape of (their) shadow in language" (Ardener 1978: 108).

Sixteen informants, including Katy, were asked about the onset of 'personhood'. Through this approach it emerged that, despite some variation in response, the commonest characteristic attributed to the 'person' was the capacity for independence. The nature of this independence might, however, vary. It could mean, for example, an independence of character demonstrated by the fetus; one woman saw that the 'character' (and therefore the 'personhood') of the fetus could be sensed by its mother on the basis of how much the fetus kicked, slept and so on. Alternatively five women thought 'personhood' was marked by a degree of self-reliance referred to as **"standing on your own two feet"** or **"finding your feet"**. For those who understood it in this way, 'personhood' began anywhere from the age of one year or so, if associated with a very limited degree of self-reliance, to as late as four or five years of age and signified by attending school. A further

six women saw the onset of 'personhood' coinciding with birth. Of these, two informants saw that birth marked the independent existence of the child. The remaining four, including Katy, did not understand 'personhood' in terms of independence - see below. In all instances where 'personhood' was identified with a degree of autonomy, (seven in all), the onset of 'personhood' could be linked with a separation of the child from its mother.⁵ In addition, one woman, a 29 year-old chartered accountant and part-time student of garden design, appeared to understand 'personhood' in terms of *dependence* rather than independence as she suggested 'personhood' began *in utero*; "I think you do begin to feel it's a real person because you are feeding it internally." However, taking nourishment is not a passive activity and, indeed, the fetus was sometimes referred to by informants as a parasite. This example therefore does not necessarily contradict the association of 'personhood' with autonomy.

That independence was an important criterion of 'personhood' is also evident in understandings of 'being' at other stages in the life-cycle. A 25 year-old secretary, for example, in answer to the question: "Would you see a distinction between a person and a human being?" replied "Well, yes I'd say someone on a life-support system with absolutely no hope of ever recovering is a human being, but whether or not you could say it was a person...." In this way, several informants appeared to have an understanding of the 'person' which bears a marked similarity to that advocated by Parfit (1984) in his description of what he terms the "reductionist view". According to this view, it is possible to deny that a fertilised ovum is a person or a human being in

the same kind of way that it is possible to argue that an acorn is not an oak tree.⁶

Other informants in this study - the minority - appeared to hold a different notion of 'the person'. For example, four women thought 'personhood' existed at conception and was linked in some way to genetic identity. One 22 year-old chef, for instance, said "A person? I think you're born with that. I believe...is it DNA molecules and things like that? I think you have definitely a personality pattern within you right from conception." The fourth informant in this group, a 30 year-old secretary of Church of England denomination, suggested personhood existed in the prenatal period and was linked to having spirit and 'form': "We know now that they are fully developed from such an early stage".⁷

Of the four women who saw 'personhood' coming into being at birth and yet being unrelated to questions of independence, three were unable to give any clear account of what such 'personhood' concerned, although one informant - a 42 year-old 'housewife' without children - implied it denoted personality. The fourth informant, Katy, thought that a baby becomes a person when it first takes in air and becomes 'alive'. She said, for example, "When the baby's inside you, it's got your spirit, because it's you. And then I think that, when the baby is born, then it becomes its own person and develops a spirit." In other words, the taking in of air was the point at which the 'soul' and 'the person' came into being, but although both were initiated by the first breath, this did not mean 'soul' and 'personhood' were precisely the same thing.

There was, however, a suggestion from some other informants that 'personhood' was associated with an inner being. As one informant, the 42 year-old 'housewife' referred to above, said "I suppose when you say somebody's a *good* person, it's the inner quality or being that you're talking about." This inner being, in turn, was frequently associated with the notion of 'soul'.

3.3) The 'soul'

In western philosophical thought, there has been a lack of consensus about the nature of the 'soul' and its relation to the physical body. From Homer down to the classical period, the Greeks understood there was a body (*soma*) and *psyche* (not necessarily 'soul'), which was liberated from the body upon its death. By the time of Socrates, the concept of an immortal 'soul' which survived a mortal body was established (Lorau 1989). Plato had two models of the relationship between the 'soul' and the body, and wavered between the view of the 'soul' as the prisoner of the body and the 'soul' as the source of motion. On the one hand he saw body and 'soul' as different in nature, and, on the other, he understood the 'soul' to have control over the body, celebrating the grace (*charis*) brought about by the union of the two (Alliez and Feher 1989). Plato considered the human 'soul' to be an immaterial agent, superior to and somewhat hindered by the body and consisting of a number of parts. The highest of these he saw as concerned with the government of the psychological organism. Next in importance was that part of the 'soul' representing the source of action, virtue and courage. The lowest part of the 'soul' was that element associated with desire which could be controlled by the virtue of temperance (Bourke 1962).

By contrast, Aristotle understood the 'soul' as the essence of an organic body. The period between the first century B.C. and the second century A.D., saw the development of the precept referred to as *epileleia neauton* or 'taking care of one's self' which corresponded with a view that the 'soul' controlled the body (Foucault 1986b). Saint Paul referred to the body as "a temple of the Holy Spirit"

(1. Corinthians 6.19). In the early Middle Ages, following St Augustine, the body was understood as a substance to which 'soul' was added. As Aristotelean ideas were revived, the 'soul' became more integral; for theologians of the Middle Ages there was no straightforward distinction between the 'soul' and the body (Bynum 1989). For example, in reproduction, semen was matter which could transmit spirit and, while the 'soul' left the body on death, it was rejoined by the resurrected body at the end of time (Bynum 1989). Dualism was characteristic of groups such as the Cathars, but their views were considered as heresy by the late Medieval Church; it was God as 'flesh' that had redeemed humankind, God incarnate who was present in the Eucharist and offering a resurrection of the *body* (Bynum 1987).

The contemporary Christian understanding of 'soul' appears to stem from the 17th century (Barrett 1986). With the birth of scientific materialism, the ultimate facts of nature became understood as bits of matter in space and all experience explicable as the movement and configuration of matter, but for the Christian believer there was always a special exception for the 'soul' which was left "perched precariously on the edge of matter in strange conjunction with the body" (Barrett 1987: 7).

In sum, there is no clear western tradition of dualism concerning the body-soul; Parry has even suggested that, in the hope of retaining the body for eternity that is characteristic of Catholicism, "we are heirs to a conceptual monism *more marked* than that of South Asians" (1989: 513).

There has been a similar variety of understandings concerning the 'soul' in relation to the body in the social sciences. Durkheim (1961), for example, thought the 'soul' to be that part of consciousness which is both moral sense and conceptual awareness. In contrast to the profanity of the body, he portrays the 'soul' as sacred because of its immortality and its link with the the continuity of society beyond the death of its individual members. More recently however, body and 'soul' have been seen as more entwined. Carrithers sees the Christian notion of 'soul' (which includes its relation to the body, to its encompassing spiritual universe and to other 'souls') as part of *moi* or self. This he defines as

a conception of i) the physical and mental individuality of human beings within ii) a natural or spiritual cosmos and iii) interacting with each other as moral agents (1985:236)

suggesting that the 'soul' is concerned with a mind-body.⁹ Similarly, Merleau-Ponty (1962) sees body and 'soul' as forming an indivisible whole. At the same time he suggests that 'soul' is the same as 'self.' His notion of 'being-in-the-world' emphasises that the 'self' is inseparable from its physical body. Barrett also identifies 'soul' with 'self' (1987:16). As *psyche* in Greek means 'soul', Barrett suggests psychoanalysis is the treatment that deals with the individual 'soul'. Psychoanalysts do not deal with physical troubles but with troubles of the psyche which may have physical consequences. Moreover,

the *ego cogitans*, the rational thinking ego that Descartes made the very centre and essence of the human soul, has in the psychanalytic process discovered that it is contained and invaded by forces unknown to itself. The psyche or soul turns out to be very much more than reason. (Barrett 1987: 19)^{9,10}

In the context of the numerous understandings of 'soul' and its relation to the body within western theological, philosophical and sociological thought, it should not be suprising if such understandings are variable and ill-defined among my informants.

Informants' concept of soul

Nineteen women, including Katy, were asked about their understanding of 'soul'. These informants were of the same group who were asked questions concerning cosmology (see Chapter 2.2 for background details). Of this group, one woman did not think there was such a thing as 'soul'. The others referred to the 'soul' by a number of terms including 'spirit', 'essence', 'personality', 'psyche' and 'self'. Six women, for example, saw it as 'inner being' (including one's 'inner self' or 'inner person'). Very often it was suggested that 'soul' had a strong connection with 'personhood'. For example, four women explicitly stated 'soul' was about 'personhood' and five thought the 'soul' represented what was unique about a person. A further two informants considered that the 'soul' developed as the 'person' developed.

Among those who saw 'soul' as a spiritual aspect of an individual, there were some informants who nonetheless understood it to be associated with emotion. One informant, a member of the Church of England and a computer operator said "Without soul you'd be hard wouldn't you? You'd be emotionless, cold, no compassion". Indeed, several women suggested 'soul' becomes evident through a person's emotions. For example, the chartered surveyor referred to earlier - a woman who stated she had no religion - said:

I think one has to assume that everyone has some sort of spirit or whatever just to make them individual, to sum up what they've got, but you would really only notice it in people you knew well - and that would be their emotions.

The link between soul and emotion was borne out by the way in which informants understood the term "to bare one's soul". This expression was one that I had heard elsewhere and I asked informants in this group what it meant to them, as an attempt to make the topic of 'soul' easier to discuss. "To bare one's soul" was thought to mean "to let out your feelings" or as the chartered surveyor said "to be completely frank and.... lay open your emotions and feelings - perhaps secrets you wouldn't tell anyone else(but) a close friend or husband or something." For one woman, a 32 year-old journalist with no religious beliefs, to "bare one's soul" also implied "that someone is looking into your soul or whatever. I interpret that as being your inner being rather than some kind of mystical thing." This inner aspect could be glimpsed not only through the emotions (described by one informant as "one's heart"), but also through the eyes ("the window on the soul") or, according to one 29 year-old student with no religious beliefs, by an aura emanating from the individual.

The 'soul' was also linked to moral agency, as a repository for good and evil actions and representing inner strength or weakness. A non-practising Catholic with a convent school education said, for example,

...One's soul is definitely where one keeps one's ethics and moral rights and wrongs....you seem to sort of collect black marks on your soul and, according to how many of those you've got, you spend your time in purgatory and after that you go to heaven.

'Soul' also constituted "awareness" without which, for example, it was not possible to have a relationship with things referred to as "outside" or beyond the person. However, it did not appear to be 'soul' which distinguished humans from animals. A number of informants thought animals also had 'soul'. Moreover, of sixteen women questioned on what made humans different to animals, none referred to 'soul' as the defining feature. Instead they spoke of intelligence and the capacity for language (ten), emotion (three), awareness (one), a sense of morality (one) and the huge imprint we leave on the world (one) as specifically human characteristics.''

The soul in relation to life and death

Many informants stated that the body was merely a shell for the 'soul' and that upon death, the shell became 'empty'. For those who had witnessed death, one remarkable aspect of it was the absence of spirit or 'soul'. For example, a 30 year-old woman of Church of England denomination said:

I lost my mother-in-law and it's the only person I've ever been to see dead. And it wasn't just because she wasn't breathing; it just wasn't her because her spirit wasn't there. It just wasn't her. It was an empty shell. Her spirit had gone - I don't know where.

The majority of women questioned (ten out of twelve) saw the 'soul' as surviving the death of the body. However, what happened to the 'soul' then was less clear. Only one informant specifically stated the 'soul' went to 'heaven'. Two informants thought 'souls' were reincarnated in other bodies. One woman, a lapsed Roman Catholic and a warden for those in sheltered housing, thought disembodied souls could

exist in a kind of limbo. This view was the result of an experience she shared with her twin sister, an occasion when they were physically assaulted by a phenomenon she referred to as 'people':

We were on holiday one time and some people used to come to our room and woke us up every night....We never actually saw them but it was always...you'd just about drift off to sleep and they'd hit us or pull us. One night I was actually lifted up out of my bed. It's hard to believe but it happened to the pair of us.

Later this informant suggested that she and her twin were more susceptible to this kind of occurrence because they were twins, but she had no explanation as to why these 'people' were in limbo. Katy also thought that disembodied souls could be in a state of limbo and potentially malevolent. She stated she would like to visit a spiritualist, as several of her friends had, but she was too frightened. She had also been dissuaded by her priest: "he said there's no guarantee that the spirit you want to contact is the one you're going to get because some spirits are just devilment".

Although the body was 'empty' without the 'soul', not all informants saw the presence of 'soul' as entirely synonymous with the presence of life. This could be glimpsed in a number of ways. Katy, for example, was asked if she had ever seen anyone dead. She answered that she had seen two people and the difference between her perceptions of the two bodies demonstrated, among other things, something of her understanding of the nature of 'soul'. One body had been that of her grandmother's mother, who had died a day or so earlier: "When she died they had her in a bloody coffin in the lounge. The lid was off and I can still smell that funny smell ...and she looked so white." Katy saw no resemblance between the corpse and her great-grandmother, that

essentially nothing of her remained. The second body was that of Katy's father who had died an hour or so before Katy arrived. In contrast to her previous experience of death, Katy recalled that when she looked at her father's body she wondered "whether he was still in there or not or whether he'd gone already before I got there". From this it appears that Katy does not believe the 'soul' to depart on the instant of death as medically defined.

Another informant, a housewife and a member of the Church of England suggested that 'soul' can depart temporarily from the body even during life.

I believe in soul only because about five years ago I had a car crash into a bus and, although I wasn't actually hurt, I was knocked out. Yet I saw myself, it was obviously me, I saw *me* in that car, over the wheel. I wasn't dead, but for that split second something *came out* and I saw *me*. I do believe there's something only because I saw it myself as such.¹²

The origin of soul

The absence of any consistent association between the presence of soul and the presence of life was clearest in beliefs about when the 'soul' came into existence. Eleven women were asked about the point at which 'soul' might first be present. Four informants thought that the 'soul' existed from the moment of conception, while two women did not specify the 'soul's' point of origin but stressed the way in which 'soul' develops throughout an individual's life.¹³ A further five women, including Katy, suggested that the embryo can be human but without soul, with one of these informants stating that 'soul' comes into being at a

point during gestation and the other four seeing 'soul' becoming present at birth. Katy, for example, said:

I know the baby inside you is alive but it's still part of you and it's living from you, off you. So really, I feel it's dormant. I know it's a baby...Even though it's a live baby that's inside, it feels sort of dormant. Like, I don't think of it as a person as such. But then, once the baby's born and it breathes air, you see it and it's a being. For me, that's when your soul comes alive.

In contrast, for Katy, the onset of life occurs at about two months of gestation and is linked to having form. Without form, the conceptus is merely a mass of cells and not 'a baby'. Of seventeen other women asked about the point at which they understood life to begin, the majority (ten) saw this to occur at conception, a view clearly compatible with a model of procreation which recognises a biogenetic view of generation. Of the others, one woman thought it began with the implantation of the conceptus; three felt human life began once the fetus had a recognisable overall form or an identifiable heart or brain; one thought life began when the mother could feel fetal movement and one woman thought life began at birth. Clearly, with this question, much depended on the way in which the concept of 'life' was interpreted and whether this referred to any level of existence, such as simple, cellular life, or a kind of existence that was perceptably human, if not sacred. However, the range of opinions as to when life in some form begins, or the point from which soul is present, will have implications for the way in which the ethics of abortion, for example, or research on embryos will be perceived.

3.4) Abortion and embryo research

The inconsistent distinction between the onset of life and the point at which life becomes meaningful is evident in informants' views on abortion. However, the issue is made complex by the fact that views of abortion often take into account both a concern for the well-being of the embryo/fetus¹⁴ and a respect for women's autonomy. Research took place at a time when legal abortion had, at least theoretically, been available in certain circumstances for eighteen years. Prior to the fieldwork period there had been a number of attempts to reduce the time limit (until twenty eight weeks of pregnancy) and availability of abortion.¹⁵ In addition, a number of informants who discussed the issue had undergone abortion themselves. For one reason or another, therefore, the majority of informants who spoke on this topic (twelve in all) had given it some thought and were aware of many of the arguments which might be made both for and against abortion.

In contrast, the debate about embryo research was comparatively new. Although the ethics of embryo research had been discussed by members of the Warnock Committee¹⁶ and, consequently, might have been assumed to be a focus of fairly widespread public debate, a number of informants were not aware at the beginning of our discussions that embryo research was possible, either technically or legally. It should be remembered, therefore, that answers to questions on this topic may be less considered than those concerning abortion.

Broadly speaking, the majority of women I spoke to thought, although they might never choose abortion themselves, that the option for abortion should be available for all women and that the decision was one which should ultimately rest with the woman concerned. For example, one woman, a 31 year-old journalist with no religious beliefs, referred to the status of the pregnant woman and her offspring in the following terms: "I suppose I feel in a sense, while the baby's in the womb it's up to the mother what she does. After birth it's a completely different matter". However, most informants qualified the 'rights' of the mother in relation to the fetus/embryo by putting a limit on the stage at which abortion could be performed. Katy for example said

I do believe in abortion. I think it should be there. What I think is... when [the pregnancy] first begins, it's just a mass of cells. I suppose I'm like most people, I think it begins to become a baby at about two months and starts to form. I mean, before that it's so minute, isn't it. I know there are people like LIFE¹⁷ who believe that life begins at conception. So does the Church really. But personally I don't feel at that stage that that is a baby. I think when women have terminations and they're early on, it seems you're just bringing a period on. But then you can have a termination up to twenty weeks! I think that's terrible because you're terminating a fully-formed tiny baby.

Several other informants spoke of the significance of the form of the embryo/fetus in deciding appropriate limits for embryo research (see below).

One woman, the 22 year-old chef and an ex-Roman Catholic, made it clear that the upper time limit for abortion should be set by doctors. This was on the grounds that "I can only know what I read in a scientific book or whatever, so how can I say it's wrong to terminate a pregnancy after twenty-two weeks or eighteen weeks?" At the same time, this informant also stated that, in her opinion, regardless of the stage

of pregnancy, if a woman decides on abortion, she has to face the fact that abortion represents "killing".

Two points emerge from this. First, it appears that there is no necessary link between the view of seeing abortion as the killing of a living being and a rejection of abortion. This is also evident in the statements of a number of other informants, one of whom had an abortion herself, suggesting that in terminating a pregnancy, a woman has to face up to the fact that she is killing a living being, that she has prioritised her own life (and perhaps those of existing children) over and above this being. As one 39 year-old vision mixer with uncertain religious views said:

I don't believe that the moment you have put a sperm with an ovum you have a new life *with an individual right of its own*....it's a human when it's capable of being born alive and living on its own resources. It's actually a formed little being from quite early on...but I'm not sure that something of four months could be said to have a legal status of its own over and above that of the carrying mother. (my emphasis)

Secondly, the statement made by the chef - that abortion represents "killing" - implies that she has a complex understanding of the issues surrounding abortion. It suggests that, on the one hand, she has an ontological understanding in which a pregnancy from "even before the second week" represents human life. On the other hand, however, she sees it as unproblematic for this view to be overridden by the views of those with a scientific background. The credibility allowed to medical discourse was also evident at more than one level in the way informants viewed the ethics of embryo research.

Embryo research

Fieldwork took place soon after the considerations of the Warnock Committee were announced. The Warnock Committee was established to examine the issues arising from the new reproductive technologies. One of the most taxing problems, their chairperson revealed, had been how to regard the human embryo for the purposes of research. Without research on human embryos, new reproductive techniques would not have come into being. Once established, these techniques, in turn, allowed the *in vitro* creation of embryos which could then be used as research subjects, either with a view to improving fertility services or for other purposes. The majority of committee members concluded that embryo research should be allowed under strict supervision until fourteen days after fertilisation. The rationale for this cut-off point was that it corresponded with the development of the 'primitive streak' which "marks the beginning of individual development of the embryo" (Warnock 1985: 11.21).¹⁸ This stage of development and the alternatives from which it was chosen (such as the development of a neural system or the stage at which implantation occurs) were clearly scientifically recognised ones and are significant in demonstrating that the committee members began their deliberations from a biological understanding of the embryo rather than, for example, a theological or philosophical stance. Moreover, the largest single group among the committee members was composed by doctors.¹⁹

Although the extent to which informants would be directly informed of the findings of this committee is uncertain, the committee's work was widely publicised and, to some extent, set the agenda for more general

discussions within media such as the 'quality' daily newspapers. Certainly a number of informants perceived research on embryos as a medical matter insofar as they believed doctors alone should regulate research. For example, a 22 year-old, Church of England, computer operator said:

[the doctors] created [the embryos], so it's really down to them. I mean, they wouldn't be there had doctors not created them so it's not for anybody to say [that doctors] have got no right to be doing it. We'll all be better for it probably.²⁰

A further informant, a 30 year-old nurse who described herself as a "Christian", saw that guidelines concerning the use of embryos should be drawn up but, significantly, she thought these should be formulated and policed by doctors rather than civil servants or lay people.

At another level, embryo research was seen as acceptable as it led to 'progress'. This progress however was one predominantly shaped by the aims of biomedicine;²¹ embryo research was seen as necessary to reduce congenital abnormalities and inherited disease or to improve techniques such as *in vitro* fertilisation.²² Only one woman, a 31 year-old journalist with no religion, was totally against embryo research. She found the idea "appalling" and added:

I think you've got to have respect for natural processes without it being made into any kind of religious feeling. And I feel, if anything's sacrosanct, (if there is a secular word for sacrosanct) it is the mechanism of birth.

According to this informant, once life starts "you don't mess around with it".

Despite the acceptance of medical authority among most informants, research on embryos was, nonetheless, often viewed with ambivalence and,

as with abortion, only acceptable until a certain stage of development. The point at which research became clearly unacceptable varied but very often appeared linked to the form of the fetus. For one woman, a 39 year-old, Church of England, clerical officer, "the early embryo is still a non-entity. If it can be made use of - fine." However, for this informant the embryo became an entity at about four weeks of gestation when she thought it took some kind of form. For a 25 year-old, agnostic typist, research was acceptable only before the fetus had form and thus appeared human. This link between the form of the embryo and its status as a meaningful entity may be an important one and brings us back to the question of whether matter or spirit, body or soul can be understood to be prior. It is a question which is explored further through understandings of the location of the soul in relation to the body, and through attitudes towards looking within the body.

3.5) The location of soul

For six out of twelve women questioned, the soul could not be located in any one specific place but was diffused within and throughout the body.

As one woman, the 30 year-old nurse mentioned above, said:

It isn't just in the mind, it's that person as a whole. You know, like in science fiction films if you put a light on, you see people just glowing - that is just part of their soul, all that person. It's just something that's within them, ... part of that person's well being.

One informant described the location of soul as analogous to the blood stream. Another woman described it as a "shadow".²³

Three informants thought that if 'soul' could be located in any one place this was the head, or more specifically the brain, because of links between the soul and personality. Alternatively, Katy thought 'soul' resided in the area of the chest, a view compatible with her statement that soul was present with the first breath. Several others thought the soul to be associated with the heart. Among this group, one woman (the warden in sheltered housing and an ex-nurse) understood 'soul' in concrete terms - "I think it's part of you like your liver or kidneys" - while others saw this as a metaphorical statement. For example, one managing director of a recording studio who was ambivalent in her belief in God, said that the soul dwelt in the heart "in philosophical terms, not physical terms."

In sum, many informants implicitly suggested that the essence of a person, be this called 'soul' or 'self', had an integral relationship with the body. Katy provided a clear example of this in her distress over the cremation of her father's body, saying "if you're cremated,

where are you?" Informants' drawings of the inside of the body (see Appendix: Drawings Series A) were remarkable in that informants (with only one exception, a woman who included the brain) concentrated their attention entirely within the trunk of the body, suggesting this to be of special significance.²⁴

3.6) The body; property or being

Informants' ideas about the location of 'soul' and their drawings of the body are, to a certain extent, compatible with the common notion that the 'truth' of human existence lies hidden within the body and is generally beyond the reach of the individual (Comaroff 1982). As Rawson has put it

Those things we identify and call 'atoms' and those we call 'chemical compounds' are cycled from what we call an inorganic cosmos into those bodies of ours, within which 'knowledge' is somehow secreted, like a pearl in the unconscious flesh of the oyster" (1975:271).

As the physical location of metaphysical knowledge, the inside of the body becomes an awesome and sacred place, a region of "secrets and betrayals" with the body's surface the "limits of the known self" (Young 1976:19). This understanding of the special knowledge or 'soul' within the body is perhaps one reason why the practice of dissection has been viewed with fear and why 'next of kin' are reluctant to allow this practice on the dead (see Richardson 1987; Minerva 1987). Katy demonstrated this fear of dissection in our discussion of her father's autopsy, requested because he died unexpectedly after surgery. Katy initially refused permission for autopsy because:

I knew my dad and he'd say - I could hear him saying to me - "Don't you let them bloody people pull me about and cut me up". I knew it and I said no...I mean, it was his body and he wouldn't have wanted that. But as I say, by that time I didn't really feel it was him... I felt he'd gone...It's just I know he wouldn't have...funny isn't it?

Here Katy appeared to be suggesting that her father would resent the intrusion of autopsy, but that she finally came to terms with the doctor's decision to perform this once she realised that her father was no longer "in there" to suffer or object.

Sartre (1984) has suggested that the body is lived and not known. The vast majority of people never see how their bodies are constructed; only because individuals have seen models of anatomy and physiology can they assume that their bodies are constituted in a similar way to others. Moreover, a glimpse of the body's constituents would be a glimpse of the individual's property rather than his or her being. According to this argument, as the scope of biotechnology increases and the body's constituents become increasingly accessible, so may the tendency to treat the body as property increase. Indeed, for the past twenty years or more parts of the body (such as hormones, derivatives from human milk, placental tissue and blood) have been treated as being of either intrinsic or commercial value (Young 1988) and the range of tissues, organs and secretions put to use is expanding.²⁵

Organ transplantation is one area where legislation is now thought necessary to prohibit commerce in the body's organs (New Scientist 1987; Brahams 1989). Whether these parts are donated or sold, however, the possibility of transplantation means the body has increased in intrinsic value (Scott 1981). This assertion is supported first, by the way in which medical definitions of human death have changed in order to make the transplantation of undamaged organs possible, and second, by a new interest in the uses to which the corpse may be put. The improvement of techniques for transplantation is now attended by the issue of how to increase the 'harvest' of organs available for transplant. More often than not this issue is debated with a tone of indignation: that either doctors are too reticent in their dealings with the families of potential donors, or the public at large is apathetic in its response to

the call for everyone to carry a donor card expressing their wishes (cf. Gore et al 1989; Taylor and Salaman (1988); Newstead 1989).²⁶ Scott (1981) foresaw that the potential lying within the cadaver may become sufficiently significant that pressure is put on individuals to make available their dead body (or that of their next-of-kin) for the use of the sick. Writing only some six years later, some scientists were redefining the cadaver as *primarily* of practical value to society. The biologist Emson (1987), for example, argues that the physical body belongs to the "planetary biomass" rather than any individual: organ transplanation should therefore be an event of neutral values, so long as people are informed that the removal of organs from the dead neither disfigures the body nor delays its release for funeral to any significant degree.

It has been suggested that it is now possible to divide the body between different persons, and that the body without the integrity of its parts is bound to lead to many readjustments in the way that the self is conceptualised (Corea 1986). Illich believes that major readjustments have already occurred, that medical concepts and concerns have determined our experience of the body and the self, in what he refers to as the "iatrogenesis of the body" (1986: 1325). As biomedicine has "reached towards a monopoly over the social construction of bodily reality" (1986: 1327), it has suppressed, not only the ontological meanings of opening the corpse, but also of moving an organ from one body to another. Similarly, I would argue, there has been little consideration of what it means to open the living body, or how to take into account the relationship between the physical and the

phenomenal body. It is this relationship which will be focused on in the following section.

3.7) 'Flesh' as ambiguous substance

According to Illich (1986), bodies exist only in contexts and, as such, represent the incarnation of particular historical moments (1986). He goes on to argue that, with the birth of selfhood, the western body can be seen as a progressive embodiment of self.²⁷ Thus, "the western self is experienced as flesh and blood" (Illich 1986: 1326). 'Flesh', in this view, would appear to share some of the properties ascribed to 'substance' by Burke, who proposed that, although the 'substance' of a thing is generally taken to be what it ultimately is - its inner being or essence - the term is ambiguous (1969). The essence of a thing can be its *sub*-stance, that which stands under the thing and keeps it in its state of being. In other words, the substance of something is 'other' to the thing itself. Substance is therefore a conflation of inner and outer, subject and object. In this it appears to share some similarity, not only to the 'flesh and blood' referred to by Illich, but also, for example, to the Dinka notion of 'Flesh' that Lienhardt reports (1985). For the Dinka, 'Flesh' is the archetypal clan divinity represented by the flesh of sacrificed oxen and held to be immanent at times in the bodies of its clansfolk but also transcendent; it is both within those who inherit it and outside and above them.

Merleau-Ponty describes a notion of 'flesh' that is similarly ambiguous. For him,

The flesh is not matter, is not mind, is not substance. To designate it we should need the old term "element" in the sense it was used to speak of water, air, earth and fire, that is in the sense of a *general thing*, midway between the spatio-temporal individual and the idea, a sort of incarnate principle that brings a style of being wherever there is a fragment of being. The flesh in this sense is an "element" of Being. (1968:139)

In Merleau-Ponty's concept of 'flesh' there is no dualism of subject and object, but a never-finished differentiation, an openness ever to be reopened, a "possiblility, a latency", "ever gaping open" (Merleau-Ponty 1968: 153,132). As such, the concept of 'flesh' refers to a certain "intercorporeality".

We saw in Chapter Two (2.10) that the Christian notion of 'flesh' was one associated with mortality, 'human nature', sexuality and concupiscence. Purity of the 'self' was possible only if the desires of the 'flesh' were overcome through a chastity that involved both moral and physical integrity (Foucault 1984:366). However, Foucault also suggests that, from the seventeenth century, the meeting place of the body and the 'soul' has been located in the discourse of 'flesh', notably confession concerning 'sins of the flesh' or illicit sexual acts and desires which represent the root of all evil (1981: 20).²⁸ Many of my informants were unfamiliar with the expression 'sins of the flesh'. Those who were, however, all perceived these to be of a sexual nature. Katy, for example, thought that 'sins of the flesh' referred to "impure thoughts about someone who's not your husband or wife...sexual thoughts or actually doing it." However, the 'soul' that Foucault refers to here is not that of Christian theology (born in sin and subject to punishment), but born out of punishment and surveillance; "the soul is the effect and the instrument of a political anatomy" (1977: 30). 'Flesh' in this instance, therefore, is a political field.

Most informants spoke in terms of 'flesh and blood' and rarely of 'flesh' alone. Several women were asked questions such as "What does it

mean to be of the same flesh?" but virtually all answered as if they had been asked about 'flesh and blood'. One woman of 26 years with no religious beliefs said that "to be of the same flesh" conjured up religious images that meant nothing to her. Another informant, a 31 year-old secretary of Church of England denomination, commenting on whether 'flesh' refers to a physical thing, said: "I think it's more a question of having been brought up together, like with my sister, by my parents. I think it's more that sort of relationship than actual flesh". One woman, a 29 year-old television producer, drew attention to the complex nature of 'flesh' in saying "Flesh is the meat that covers the bones and there's also the emotional meaning of the word; 'flesh' is the people you're related to".

In Chapter Five we see how 'flesh and blood' predominantly refers for informants to a specific group of kin who are associated with support, upbringing and, for some, common substance. In addition, a minority of informants are shown to associate 'flesh and blood' with continuity or coming into being. In this chapter and its predecessor, other aspects of 'flesh' have emerged, referring to equivocal substance, selfhood and sexuality, indicating that far from simply referring to the "meat that covers the bones", 'flesh' is polysemic and suggests both physical and metaphysical substance.

3.8) Inside the ark

If the western self is experienced as 'flesh and blood' or, as Merleau-Ponty suggests "the body interposed is not itself a thing, an interstitial matter, a connective tissue, but a *sensible for itself*" (1969: 135), what is the relationship between "interstitial matter" and 'flesh'? What, for example, does it mean to look within the physical body?

Most women questioned about the body (a total of eighteen) rarely thought about the inside of their bodies. Whatever knowledge that they felt they had about the body's interior was seen to have come from school education and, to a lesser extent, from health workers. The body's interior was generally taken for granted, but might be brought into focus by a number of events, such as illness, pregnancy or the use of drugs, such as the oral contraceptive. Three nurses in the study were exceptional in that they had thought about, and seen inside, the bodies of others. In addition, because of cervical pathology, one woman was trying, albeit unsuccessfully, to avoid thinking of inside her body at all.

Seventeen women were asked how they might feel about looking inside their own bodies (for example, during surgery) and how they felt about other people looking inside them (for instance, when a cervical smear was taken). Roughly half the women questioned were not at all interested in watching surgery, such as a caesarian section, as it took place on their own bodies. Some of these women thought the sight of blood would be difficult to handle, but the majority of women were

principally uneasy about seeing themselves cut or seeing themselves open. I asked Katy, for example, whether she would she want to be awake and watch, if she had a caesarian operation. This led to the following discussion:

K: Yes, I think so....Not see, no. I wouldn't want to see it.
J: What, you'd want to see the birth rather than...?
K: Yes, I'd want one of those shields across me. I'd want to be awake but I wouldn't want to look and see them cutting me and stitching me.
J: But supposing they'd cut...and you could just look inside and see?
K: No! Because I'd pass out!
J: Now why?
K: I don't know, it makes me go all cold thinking of it. ..I don't think I could handle it, I mean seeing my stomach all open.²⁹

This was not so much because Katy did not want to see inside herself as such. Rather she did not want to see "a great, big, whopping hole" in herself. In contrast, she had no objection to looking at her internal anatomy through the eyepiece of a laparoscope. She explained:

K: ...because there's nothing open. You're not damaging anything. Everything's in its place. It's seeing myself cut open I wouldn't like.
J: Because that's damaging? I mean, is it the sight of blood or...?
K: Yes, the sight of blood but more the kind of feeling that I couldn't get up and walk away, walk out...It's being in control.

For other women too, the interior of the body did not, in itself, pose a problem. Several of those who objected to the idea of seeing themselves cut open were nonetheless interested in seeing *within* themselves if this was achieved by other methods, such as techniques of imaging (for example, sonography or laparoscopy) which did not involve them being 'open'. A 27 year-old sales representative said, for example,

I: I wouldn't mind looking down [a laparoscope], but if I was open I wouldn't want to see.
J: How much of that is not wanting to see blood?
I: I don't mind blood.

Significantly, for one 43 year-old television producer, a cut in the skin was a reminder of the fragility of the body, as if the mortality of the 'flesh' was made tangible by the laceration:

I saw my own knee sort of half open and it was pretty awful...it was frightening because it made me...it reminded me how fragile the body is. It's covered by a fairly thin layer of skin and that's about all that's holding it together.

For many informants, the inside of the body did not seem to be a necessarily closed, private space; as we have seen, there was a degree of interest in looking within the torso of the body at least. This interest may be influenced by the way in which the interior of the body is made publicly accessible by the medical sciences,³⁰ but the interest seems fundamentally different in kind. As Braidotti (1989) has observed, the minutiae of the body have been made visible by the biosciences to the point that it loses all reference to human shape (see also Jewson 1976; Foucault 1973). As a result, "[l]iving material that comes under the scrutiny of the medical gaze is beyond death and time - it's 'living' in the most abstract possible way" (Braidotti 1989: 153). Braidotti calls this "the 'triumph' of visual representation"; the ability to visualise the inside of the body has been accompanied by what she calls "the scopic drive", a new paradigm of knowledge in which the image is privileged in relation to what it represents. In this way the body becomes more visible and yet somehow more remote;

[t]he bodily surface, and the complex montage of organs that composes it, is thus reduced to pure surface, exteriority without depth, a moveable theatre of the self. (1989: 154)³¹

Furthermore, what Braidotti has referred to as "representing even the irrepresentable" has apparently become part of lay people's experience. The propensity for photographic images to "slice up reality into tiny bits wrenched out of real space and time" applies no less to medical images of the fetus (Petchesky 1987).³² However, it has been observed that many pregnant women report that the first time they felt pregnant was when they saw the ultrasound scan of the fetus (Thomas 1985). In a study by Klein et al (1985), of 4,226 respondents, the greatest number of pregnant women first thought of the baby as 'real' when they had a scan (1,591), in comparison with the next largest group of 951 women who stated that this realisation corresponded with the fetus's first movements. Thus there is a sense in which the lay public may be appropriating fetal imaging for its own ends in re-embodying the fetus and restructuring personal ontologies.³³

3.9) The open body

Although my (non-pregnant) informants showed a qualified interest in seeing inside the trunk of the body, there was little interest in seeing a comparatively accessible part, the cervix. Many of the women I spoke to were attending the clinic to have a cervical smear taken. The cervix was therefore going to be visualised by someone else and could, if desired, be viewed by the informant with the aid of a mirror. However, most women I asked about viewing their cervix could not imagine why this should be of any interest to them. As Katy said, "I'm not bothered one way or the other. I don't really see much point in seeing it. What would I gain from it?" This is not simply a difference of interest between seeing personal internal anatomy and the representation of a new being inside oneself. As suggested above, there was some interest among non-pregnant informants in seeing within themselves. Instead, a reluctance to view the cervix may be associated with the taboo nature of the vagina and/or the fact that vaginal examination requires an openness of the body (unlike scanning, for example).

A dislike of being 'open' was certainly evident in some women's attitudes towards vaginal examination. For example, a 27 year-old telex operator said "It's the most personal, private part of the body and you're just laying there *wide open* for someone to probe about" (my emphasis). As suggested here, the corollary of being open is being invaded or penetrated. This is clear in other statements about vaginal examination. For example, one woman of 20 years who worked as a clerk said:

I I find it a *close* kind of thing.
J: Close? Do you mean intimate?
I Not *intimate* intimate. No, I just don't like the idea of someone like that going...inside me.

The genitalia have been described as the frontiers *par excellence* of the self and raising questions of identity; what issues from the urethra, anus or vagina is and is not perceived as part of the self (Loudon 1977: 165). This association between the self and the genitals suggests that penetrative sexual intercourse and non-sexual encounters involving genital contact both have consequences for self-identity.³⁴ Moreover, women's attitudes towards penetrative sex and medical examination, especially vaginal examination, may help to indicate the location of their body boundary and the meanings of any breach of boundary.³⁵ It was found earlier that 'openness' for informants was associated with a loss of control. This suggests that it is only appropriate with those who are known and trusted, particularly those who are deemed 'close'.³⁶ Yet vaginal examination, like other medical and surgical procedures demand 'openness' to the medical gaze (if not the medical finger) of those who are, almost by definition, strangers. Loss of body integrity in this context, referred to by Martin (1987) as a fragmentation of the self, has something of a sexual undertone, and even those informants who professed to be undisturbed by the prospect of a vaginal examination stated a preference for a female doctor. Several women were unconvinced that a male doctor could entirely divorce a medical exploration from a sexual one. As a 24 year-old, advertising executive put it:

Just because they happen to be doctors doesn't mean they're necessarily different to any other male person. I don't think they can necessarily just switch off and I therefore find [a vaginal examination] embarrassing and humiliating.

Similarly, a market researcher of 26 years said of her doctor:

I just don't see him as a doctor. I'm sure maybe he sees it like that but I don't see it like that. I still see him as a man looking at my body and I just feel...I would feel embarrassed whereas with a woman I wouldn't feel embarrassed.

Two issues emerge from discussions concerning the inside of the body. The first relates to informants' unease about the open body. The second is that a lack of control that is sometimes associated with being 'open' can be more of a problem than 'openness' itself. Medical encounters are one domain where such a lack of control may be experienced. In this context there is something reminiscent, if not quite of Sartre's shamed *voyeur* who has been caught unawares looking through a keyhole, then of the one unknowingly or unwillingly spied on, who is reduced to a state of "being the Other as an object" (1984: 257). As Merleau-Ponty described it, "insofar as I have a body, I may be reduced to the status of an object beneath the gaze of another person, and no longer count as a person for him" (1962:107).

Manning and Fabrega (1973) have suggested that the practice of objectifying the body, a practice characteristic of biomedicine, contributes towards a denial of the integrity of body and self. Similarly, Espeland (1984), has found that loss of control of the body, as experienced during the intrusive medical procedure of venepuncture, results in an objective perception of the body that is at odds with the patient's subjective notion of self. It is possible that, for my

informants, 'openness' is ultimately concerned with the integrity of body and self, that is, an integrity which is both physical and moral.

3.10) Conclusion

Part of this chapter has been concerned with informants' perceptions of the relation between the physical body and the 'soul', and finds that 'soul' is apparently often identified with the physical body once it has form. Discussions with informants on the significance of looking within this ensouled body indicate, not so much that what is *inside* is regarded with awe, but that the 'openness' associated with looking inside can be problematic. For many of the women I spoke to, 'openness' appears to refer to a gender-specific concern with physical/moral integrity which, I suggest, bears some association with the ideal of the integral feminine body that is explicit within Christian tradition.

This chapter has also looked at informants' perceptions of the 'person' in terms of its relation to the physical body. In this respect it seems that 'personhood', for many informants, does not necessarily or consistently relate to a single human body or organism; a young child, for example, is not deemed a 'person' until he or she acquires a degree of independence. This finding marks the beginning of an argument which challenges the assumption of 'one person : one body'. The possibility that the person is not always isometric with the body also has implications for the way in which relatedness is understood. These points will be developed in the following chapters.

CHAPTER FOUR

THE SOCIAL AND POLITICAL BODY

Some thirty inches from my nose, the frontier of my person goes.
(W. H. Auden)

Introduction

Aspects of the physical body, or the relationship of its parts, may be used to make statements about the social world in which that body exists; for example, perceptions or experience of the body may be informed by relations of power. In this chapter I examine the way in which informants define the frontiers of the body and the relationship of these frontiers to personhood or self. This is done through an analysis of informants' attitudes towards body products, and through studying informants' perceptions of the female reproductive processes of menstruation and lactation. I find indications that, for my informants, the feminine body-self is characterised by a potential 'openness' and shifting boundary. The ambiguous and context-dependant nature of this body-self has particular ontological implications for the relationship between a mother and her infant, and, to a lesser extent, for others regarded as 'close'.

4.1) The social body

Hertz (1973) and Mauss (1973) were among the first to recognise the social significance of the body. On the basis of Durkheim's model (cf 1950) they assumed that a society constitutes a whole that is greater than the sum of its individual members, in as much as those individuals share a collective consciousness. From this follows another assumption that the members of a particular society will jointly hold certain attitudes and understandings about the human body. This body becomes of interest because it is both acted upon by its social environment and pregnant with social meaning.

In 1909, Hertz noted that

Society and the whole universe have a side which is sacred, noble, and precious, and another which is profane and common; a male side, strong and active, and another, female, weak and passive; or in two words, a right side and a left side (1973:10).

An important addition to this statement has been made by Needham (1973). He recognised the ubiquity of this dualism, but emphasised that the opposition of right and left, and all that is associated with each side, is not a 'natural' relationship but a political one used to support that which is of the 'right'. Mauss (1973) similarly focused on the way in which use of the body is related to a particular social environment and the kinds of relationships we have with others. Moreover, the 'techniques of the body' are "assembled by and for social authority" (Mauss 1973:85).'

The work of Douglas (1973) continues this tradition. While acknowledging that the analogy between body and society is not a simple

one, she states that society constrains the way in which the physical body is understood. Moreover, the physical experience of the body, itself influenced by the social domain, helps in turn to perpetuate a particular view of society; society and the physical body each reinforce the categories of the other.

One way in which this is evident is where there is an assumed link within a society between the health of an individual and society in general.² Alternatively, the body and its products (such as faeces, urine, blood, milk, tears etc.) may be used as a way of representing supernatural, social or spatial relations (Douglas 1973). The dangers or powers believed to exist in the social structure can be represented in miniature through the human body. For example, the danger expressed in pollution beliefs may be inherent in those phenomena which are seen to be disordered or marginal (Douglas 1966). Similarly, Leach (1964; 1976) explains the pollution attributed to bodily emissions as the result of these products' liminal status - not fully of the body and yet not separate from it; they are "both me and not-me" (Leach 1964: 38). Consequently, an examination of informants' attitudes to the body, its boundary and its products should tell us something of their understandings of their relationship to that other body - their society.

4.2) Boundaries

Douglas (1966) suggests that when a community is under apparent threat it will respond by tightening control of its boundaries and expelling those who are seen as disruptive. At the same time, individual hygiene may include greater attention to what is ingested and greater measures to control body products: social control and self-control are intensified simultaneously. Scheper-Hughes (1979) offers one example of this. She found that, in rural Ireland, villagers whose way of life was under threat were wary both of what they took into the body through sexual intercourse and food, and of "being taken in" or deceived by outsiders. Concern with the penetration of the body was matched by a concern with social integrity, focused on such material symbols of the body such as the home and its points of entrance, such as doors, windows and gates.

The association in English language of 'being taken in' with being physically engulfed or ingested shows something of the way that bodily practice and ethical ideas can be entwined, that "bodily practice and moral domains are fused" (Jackson 1983: 336). It should therefore not be surprising if there is a correlation between pollution rules and morality, as Douglas suggests (1966). This correlation is apparent at the level of everyday English discourse. For example 'to shit on someone' is to morally abuse that person.

Similarly, the appearance of the Acquired Immune Deficiency Syndrome (AIDS) has been regarded by many in the West as the legacy of 'anti-social behaviour'. In line with Douglas's theory, two of the

clearest responses to AIDS have been the promotion of non-penetrative sex for those at greatest risk of contracting the disease and a heightened attention to the control of body products in general. While there is some medical rationale for the control of body fluids and body integrity to prevent the spread of the virus responsible, it would seem this injunction has been understood to imply that the perceived *moral* disorders identified with AIDS such as wide sexual experience, homosexuality or the social use of drugs can be contained through a tightening of the body's physical integrity. As Mort has said, AIDS "is not just of the body, it is about the signs and meanings we attach to bodily functions" (1987:219). It also reminds us of the necessity to locate any analysis of the body and its expressions within historical, political and ethical contexts (Poole 1975).

Boundary and self

The analysis of concepts such as body boundary and body image, and attitudes to body products may be one way to understand a 'world view' or ethos within a particular culture (Postal 1965). Yet understandings of the body such as body image and body boundary are essentially located within the individual (Fisher and Cleveland 1958). Similarly, Blacking (1977) notes that techniques of the body are not so much learnt from others as discovered *through* others, and that the consensus which makes the social body possible is not always apparent. Moreover, there is often a tension between an individual's 'training' in the techniques of the body and his or her personal proclivities. Nonetheless, various anthropological studies have shown that individuals' attitudes towards body products and the body help to make cultural ideas of the self more

tangible (cf. Comaroff 1982; Gell 1979; Gillison 1980). Western culture has not been so closely observed, but there are indications of a similar relationship between body products and the self (cf. Leach 1964).³

Bearing these issues in mind, informants were asked what lay inside the body and what constituted the outside of the body, in other words, where did body boundary lie? They were also asked about their attitudes to body products, with particular attention given to blood, menstrual blood and breast milk.

Inside the body

Sixteen women were asked to draw the 'inside' of the body (see Drawings Series A). While they have done this very much on the basis of biomedical anatomy,⁴ these women's drawings are interesting in that they also suggest something about the 'openness' of the body. For example, some women drew either the 'windpipe' (trachea) or the 'gullet' (oesophagus) as opening out into a general bodily space (cf. Series A: figures 2, 18 or 20). In one drawing (Series A: Figure 12) the two passages are drawn as one, but again lead to a common space.

Not all drawings suggest 'openness'. Indeed, informants' drawings can be divided into four groups: those which depict the open body; the locally open body; the doubly open body, and the closed body (see Appendix G). The majority of women (7) drew the trunk of the body to be open both via the mouth (and structures described as the "oesophagus", "trachea", "bronchial passages" or "windpipe") and via the vagina (or, on one occasion, the urethra). A further two women showed the body as

open from only one aspect (the oesophagus). Five women depicted the body as locally open; that is, with either the oesophagus or the vagina opening only into the respiratory or reproductive system and not into the body more generally. Finally, two women drew the body as closed, with any organs shown as isolated and non-communicating.

The drawings in Series B show the same informants' understandings of the female reproductive body. Six women drew this aspect of the body as 'closed'. Ten informants drew the reproductive body as 'open' in some way, for example by drawing the vagina as a tube, by representing it as a single line or, in three cases, labelling but not drawing the vagina. A total of nine women included the cervix in one form or another and eight of these were among the group of ten women who had drawn the reproductive body as 'open'. At the same time, these women's drawings in Series A place them in the first three groups referred to in Appendix G. In other words, as in their drawings of the female reproductive body, their drawings of the body's interior all refer to the 'openness' of the body in some degree. This might suggest that the cervix plays some role in 'openness'.⁵ The exception was Katy, who drew the cervix at the anatomical boundary of the body (the 'introitus'), looking very much like the contraceptive diaphragm.

One explanation as to why women might have different interpretations of the body's integrity is that informants' perceptions are not static, that the body has the potential for openness that is realised only under certain circumstances. There was nothing in what I knew of these informants' circumstances to account for why they might

understand the body as 'closed' or 'open' at the time that I interviewed them; Appendix G shows the known details of informants and the lack of any obvious common features among group members. (This lack of any obvious common feature is discussed more fully in Chapter 1.4 and 1.7.) However, I think it might be fruitful to look into this in more detail in future research, particularly whether it is class, educational or religious background which influence perceptions of the 'openness' of the body, or whether these are more context dependant and related, for example, to sexual practices or the experiences of pregnancy and birth.⁶⁵

Inside/outside the body

Understanding what it means to be 'open' raises the question of what constitutes the inside of the body. Fifteen women were asked what it was that distinguished the inside of the body from the outside. The answers were varied but can be divided into two main groups. In one group of eight informants, the distinction was understood in terms of the physical properties of the body itself; either the skin (six women), the layer of tissue under the skin (one woman) or the body's orifices (one woman) marked the boundary between the inside and outside. The second group of seven informants saw accessibility as the determining factor, with the outside either that which is may be touched, by finger or by air for instance, (three women), or that which is visible (four women).

Eighteen women (that is, including three additional women) were asked whether specific places such as the mouth or vagina were inside or outside the body (the answers of the extra three informants all correspond with those in the second group mentioned above). With only

one exception, women in the first group regarded places such as the mouth or vagina as inside the body. However, the majority of women in the second group tended to have different understandings of such places, which were described as neither inside nor out, as partially inside and partially out or more or less inside and relative to other, similarly ambiguous places. For example, I asked a 26 year-old nurse

- J: What about your vagina - do you see that as inside or...
I: I *think* that's inside.
J: But not in a clear way?
I: No. Particularly if...I mean the vagina is open to the air, it's not totally enclosed.
J: Is that different to the rectum?
I: Possibly more inside - but not a lot more!
J: Which is?
I: The rectum. I suppose also you put things into the vagina - particularly women - more than they would into the rectum so its more accessible I suppose to the outside.

What came out from inside the body was often initially described as 'waste', but on further discussion it became clear that not all body products were thought of in the same terms. Moreover, their nature was seen to vary, not only according to which orifice they came from, but also according to the person from whom they came.

4.3) Body products

'External'

Out of thirteen informants questioned, only two had anything remotely positive to say about external body products such as fallen hair and nail clippings, whether these originated from themselves or from others. Of the rest, a number of informants felt less negatively towards their own body products, especially hair, than towards the products of others. Three women felt that their attitude towards the body products of others depended on their relationship to that person. For example, stray nail clippings and hairs from family members were treated with greater tolerance than those of non-family members. One woman tolerated the nail clippings of her husband, but of no-one else. Nail clippings and, to a lesser extent, stray hairs were almost always described as 'dirty' and occasionally 'messy', with toenails always perceived as 'dirtier' than fingernails. Hair became more objectionable if it had to be touched (for example, pulled out of a plug hole) or if it was found in food.

Pubic hair prompted more unease than head hair and, according to one informant, a married woman of twenty-five who worked as a personal secretary, this was especially the case when it came from someone in the family and acted as a reminder of their sexuality:

- I: It all depends on the hair. If it's pubic hair, no, because you think of that side of somebody you don't necessarily want to think about. But hair from the head -not so much.
- J: If it was pubic hair you wouldn't accept it in the way you would to nail clippings?
- I: That's right - because it reminds you of a side of them you don't really want to have any part of.

Finally, it appeared that at least one woman, a designer and a Buddhist, saw other people's nail clippings, not only as matter out of place, but as self out of place, giving the term 'personal hygiene' special meaning:

I don't particularly like it if someone leaves their toenail clippings in my bathroom or something like that. I think that's disgusting....I've got no idea why....but those sorts of things seem to be really annoying. I've been brought up with quite a strict personal hygiene so you don't go round doing that sort of thing. And associated with that are all the other things to do with *keeping yourself to yourself*. (my emphasis)

'Internal' body products

Of those body products originating from within the body, most informants made a distinction between, on the one hand, blood, menstrual blood and breast milk and, on the other, all other body products. However, certain body products were not referred to at all, such as breath or semen. Moreover the nature of the distinction that informants drew was not always clear. For some it appeared to rest on the notion that blood, menstrual blood and breast milk were not waste products of the body, whereas products such as urine and faeces were. For all but one of the informants who referred to the relative cleanliness or dirtiness of body products, menstrual blood was 'cleaner' than urine or faeces. All informants with the exception of Katy (that is, seventeen) stated that they were not upset by touching their own menstrual blood, although some would go to greater lengths than others to avoid doing so. This was in contrast to seven informants (out of fifteen questioned) who strongly disliked touching their own urine. In contrast, only two women would consider tasting their own menstrual blood, seeing this as little different to tasting venous blood. One of these informants was alone in

her attitude of mild curiosity towards tasting her own urine. Among other informants, reactions to the question of whether they would taste their own body products ranged from repulsion to disinterest.

Fewer informants were asked about their attitude to the body products of others. One informant replied she did not mind touching the effluvia of someone 'close' to her. Two informants referred only to the menstrual blood of other women, stating they would not wish to touch this. For example, the personal secretary said:

I just wouldn't like that...you feel if it's your own, you know its you, part of you, but with somebody else's, although there's no reason...I don't know, it's just not part of you and it would seem more logical not to want to than to want to [touch it].

One informant would not mind touching the body products of another if this were "in a natural setting" and not part of "a perversion". One informant saw no difference between her body products and others'. The three nurses involved in this part of the study did not mind touching other people's body products, suggesting that a range of factors (such as the perceived dependency of others) may influence attitudes towards body products.

Significantly, Katy stated that she would wash her hands immediately if she touched the faeces or urine of her children. She felt almost as uncomfortable touching, or even seeing, other bodily substances from her children, such as nasal discharge. However, when I asked her "Why is it that those things are so disgusting, do you think?" she replied "They're not disgusting. I wouldn't say that was the right word to use... 'disgusting'. I just wouldn't want to touch it. Who

would?". Moreover, she was less bothered about touching these kinds of body products when they had issued from her children than if they had come from herself.

I touch the kids' because I have to, but I mean I don't like it. Because they're kids I could touch theirs' more than mine or Barry's; I'd say to Barry "Oh you dirty bugger, do it yourself."

However, this was not because the nature of children's excrement in general was different to adults'; Katy's children's body products were more acceptable to her precisely because they were her children, suggesting something about the nature of the mother-child relationship.⁷

- K: It's less horrible because they're mine. They're from me, they're mine so, um...
- J: So it's almost ...a bit like it's yours?
- K: Yes. *More so.* (My emphasis) I mean, I've been in places like playgroups and things and someone's child has vomited and I've just had to walk away. I mean I couldn't help to clean it up, whereas if it was one of my kids', I would. Do you know what it is - this is going to sound awful - it's more like I know I'm not going to catch anything from mine. I suppose it's kind of...just because they're mine.

This would appear to suggest that other people's body products are in some sense 'polluting', but that one's own body substances and those of one's young children are polluting to a lesser extent. The unease produced by incontinence or by an ill-disposed body product has been explained by Douglas as matter out of place (1966:5). My data suggest that the unease associated with body products comes from the sense that they still retain something of the identity of the person they have issued from, part of the self.⁸ It appears that body products express the violation of integrity as they indicate the potential openness of the body and that what is inside can come out. On this basis, 'personal

hygiene' can be seen as a concern to keep the self from fragmenting and the embarrassment of incontinence, the result of self (rather than simply of matter) out of place. However, although it appears that the body should be a closed space and that control should be maintained over the body to protect its integrity, the body (or the female body at least) nonetheless retains a potential for openness (as in childbirth or penetrative sexual intercourse). Moreover, the acceptance of a child's body products as one's own and the unity of the nursing mother and child described in Chapter 4.6 suggest that informants have a concept of the person which does not always correspond with the boundary of an individual body.

Data presented in this section indicates that the extent to which contact with another's body products is seen as 'out of place' is linked to the nature of the relationship. This scale of acceptability is looked at more closely in the next section where it is reported, for example, that attitudes towards others' blood varies for some informants, according to the 'closeness' existing in the relationship.

4.4) The blood of others

Most informants stated that they would accept a blood transfusion if necessary from an anonymous donor, although several women did add that they were more ambivalent about this since they had learnt about AIDS. Katy was exceptional in her attitude. Her initial response to blood transfusion was expressed as follows:

Someone else's blood swishing about inside? I don't think I'd be very happy about that!...You know what I'd think if I had to have someone else's blood - that it might start something off in me...it might make something go wrong....it might mess something of my metabolism up.

It transpired however that she found the idea of blood from those she was 'close' to quite acceptable. Those regarded as 'close' included friends as well as 'family'. Although she would, she says, have rejected the blood of strangers anyway, the advent of AIDS had reinforced her views. Her concept of the ideal donor was also influenced by health promotion material in that she would countenance only the blood of those she felt 'close' to who had not had numerous sexual partners and who did not smoke or drink excessively.

Questions concerning the *ingestion* of blood invoked more strength of feeling among informants. Nine out of thirteen women said that they would taste their own venous blood in response to being asked whether, if they had cut their finger, they would put the wound to their mouth and swallow the blood.²⁹ Among the four who stated they would not do so, there was no suggestion that this was because they did not wish to ingest their own blood *per se* but because, for example, they did not like the taste or they felt that sucking a cut finger served no practical purpose.

Ingesting the blood of others was a different matter; of ten women questioned, three stated that they would never suck another person's wound, while seven women said they generally would not do so, but might make certain exceptions. These were on the basis of knowing someone extremely well or on the basis of their 'closeness' to this person. For instance, a 39 year-old, married accountant said she might suck the cut of someone who was "close family". A 25 year-old woman, married and working as a personal secretary ruminated "I don't know, if it were your child you probably would, because a child is so close to you anyway." Many informants would, in fact, only suck the wound of a child. Again, the risk of contracting AIDS appeared to play only a part in any aversion to the blood of (distant) others; informants claimed they would have responded in a similar way before the AIDS era.

4.5) Menstruation

Menstrual blood

As suggested earlier, menstrual blood was perceived by many informants as different in nature to the rest of the blood in the body. One way in which I tried to ascertain the constitution of menstrual blood and more general understandings of menstruation was to ask informants how they would explain menstruation to any daughter they might have. Answers fell into two broad groups. In one, women would speak mainly of the biological events, explaining the process as one in which "the body's lining break[s] down every month", "you bleed a little bit once a month" or "when you don't have a baby you have a little clear out". The other group referred mainly to the experience of menstruation.

The existence of two groups is interesting in the light of Martin's (1987) work on menstruation. In a study of American women she found that descriptions of menstruation fell into two categories. In the first, explanations were, to a varying extent, versions of the medical view which Martin characterises as a model of a private, productive system which has failed to produce, or gone awry. When women menstruate they are, in some sense, out of control:

not producing ,not continuing the species, not preparing to stay at home with the baby, not providing a safe, warm womb *to nurture a man's sperm* (1987: 47 - my emphasis).

Martin shows how, within this model, the physiology of menstruation is seen in pathological terms; the lining of the uterus is seen to 'degenerate', 'weaken' or 'deteriorate'.¹⁰ This view of failed production is also found among the first group of my informants.

By contrast, informants in Martin's second group did not refer to the biomedical model of menstruation, even though they had been exposed to this view at school. For example, only two women saw that menstruation would "clean out your insides". Instead, these women accounted for menstruation in terms of becoming a woman. They spoke only of what they saw or felt or about the significance of menstruation for their lives.

Martin notes a correlation between the members of each group and their social class, as determined by the pooled resources within a household; it is middle-class women who offered her a medical and pathological view of menstruation, and working-class women who described this event in terms of their experience. Martin accepts that there are a number of reasons why there might be contrasting views on the basis of class, but favours the suggestion that working-class women resist the scientific model of women's bodies because it is not meaningful to them: "Working class women, perhaps, because they have less to gain from productive labour in the society, have rejected the application of models of production to their bodies" (1987: 110).

In my study, although there is a clear distinction between two types of explanation with members of one group referring to menstruation in terms of failed production, social class plays no obvious role.¹¹ Future research might usefully look in more detail at the reasons for differences between these groups. However, what clearly characterised informants in the second group (that is, women who described their experience) was that the majority had painful periods themselves and

their explanations to possible daughters revolved around the extent to which they should warn them about the possibility of such pain.

Women's perceptions of menstruation and its symptoms have been linked to concepts of female role and femininity by anthropologists, doctors and psychologists.^{12,13} Skultans (1970), for example, in a study of Welsh women, also found her informants were divided on the basis of their attitudes towards menstruation. In one group were women who viewed menstruation as a cleansing process dependant on a heavy flow of blood and who, correspondingly, associated the menopause with a decline in health. In the other group were women who found menstruation a source of annoyance and discomfort, and who welcomed the menopause or hysterectomy. Women in the first group were thought to accept their social role and to be in fairly stable marriages. Alternatively, those who wished for an end to menstruation were understood as rejecting their feminine identity and sex role. They were thought to be either in unhappy marriages or sexually unfulfilled.¹⁴

I do not intend to compare my findings with Skultans in any detail. For one thing, her informants (eighteen) were of a different age group to mine. Moreover, I have doubts about the feasibility of assessing the nature of informants' relationships in any useful way within this kind of study. What was apparent among my informants was that there was little explicit stress on menstruation as an essential aspect of femininity. Moreover, those who spoke about the pain of menstruation appeared, if anything, to reject stereotypical female roles. For example, a 26 year-old sales director said in relation to her menstrual

symptoms, "Sometimes I wish I was a bloke". Another woman, a 28 year-old nurse, described periods as "A bore, a bloody bore" and in instructing any future daughter about menstruation would feel it necessary to warn her of its problems: "I wouldn't say it was a bowl of cherries". If any analogy can be drawn between informants' attitudes towards their periods and to their lives in general, those who stress the pain of menstruation would seem to be referring, not to their acceptance of female roles, but to their dissatisfaction.¹⁵

Whether or not Skultans' study is helpful in ascertaining the relationship between attitudes to menstruation and female roles, it helps to highlight how relatively few of my informants expressed a preference for heavy bleeding. Fifteen women were asked whether they objected to less blood loss as a possible side effect of contraception and all replied they would be pleased to have lighter periods. This has some bearing on the extent to which menstruation is understood as necessary for health or concerned with the disposal of waste or 'dirt'.

In several studies of menstrual beliefs among western women, menstruation is thought to be concerned with a woman's health as it removes 'impurities', 'waste' or 'dirt' from a woman's body (see, for example Wisnant and Zegans 1975, Snow and Johnson 1977, Martin 1987). However, among my informants, only three women out of a total of twenty-five who discussed this topic referred to it in any way as a cleansing process. Katy, for example, described menstrual blood as "waste" and one other informant, a 35 year-old married woman with no strong religious beliefs said "I've always seen periods as an important part

that needs to come away. Its a badness in you that needs to be got rid of". Other informants referred to menstrual blood as something that had 'built up' during the normal cycle, or as the disposal of an unfertilised egg, but in these explanations what was 'lost' was redundant rather than unclean.

It has been suggested that, in western culture, menstruation not only plays a role in the definition of a woman, but is thought to be associated with youth and fertility.^{16, 17} Among informants there were mixed feelings about the the complete absence of menstruation as the consequence of contraceptive methods, such as the progestogen-only oral contraceptive pill. However, several of my informants felt amenorrhoea was quite acceptable, provided they received medical reassurance that they were "all right inside". Most of those who felt they would be disconcerted by amenorrhoea were not so much concerned that an absence of bleeding would undermine their sense of womanhood or femininity, but rather that something they had become used to, a routine or cycle, had been disrupted. Finally, one woman thought she would object to pill-induced amenorrhoea because it would be yet another sign that contraception was interfering with her body and making it go wrong, so suggesting that amenorrhoea, although a pathological state for this young woman, was of small concern in relation to a number of changes overall.

Menarche

Martin notes how menstruation, despite being experienced differently among women, nonetheless helps to provide a common identity, notably at menarche (1987). Among my informants, the majority spoke in positive or neutral terms about their menarche; it was either something they had looked forward to and found 'exciting', or an event of little significance. Only two women referred to the onset of menstruation in a negative way (as 'devastating' or prompting tears). Among those who took a positive view, it transpired that menarche held no single meaning. Four women saw it as a step towards womanhood but, nonetheless, as only one of a number of such steps and less important than, say, losing one's virginity or having children.¹⁸ The menarche was, however, an indication of 'growing up' without the specific connotation of attaining womanhood. The most consistent element within women's responses was that menarche appeared to be viewed less in terms of solidarity with peers, but as a mark of competition. Those who began menstruating comparatively early spoke of how they were 'delighted' or 'chuffed'. It seemed they were more delighted to be among the first of their peer group to begin menstruating than to menstruate *per se*. In comparison, women who had been amongst the last in their class to menstruate spoke not of their delight, but of their relief or reassurance; the menarche was viewed very much in relation to that of other girls and less in terms of its meaning as a personal, private experience.

Informants gave very different responses as to whether menstruation was discussed with others. It has been said that, in contrast to other cultures where a girl's menarche is met with celebration and public activity, the onset of menstruation in western culture is marked by nothing but secrecy (Delaney et al 1976). Weidegger (1978) provides examples of how a girl's father, living in the same household, is often not told of this event. From my informants' accounts it was clear that girls spoke among themselves about the menarche. Several indicated that they did not discuss the arrival of their first period with 'family' members or male friends. Two women stated that they did not even tell their mothers initially.¹⁹ Katy, for example, was on holiday with 'relatives' at the time of her first period and indicated her reaction to me by saying "I just went to the chemist". She did not tell her mother until they returned to London, fearing that somehow the other members of their group would get to know that she had 'started', and that this would be embarrassing. This suggests secrecy about menstruation is not total.

It has been observed that this secrecy, such as it is, continues after menarche, at least in certain contexts. For instance, women are thought to only rarely discuss menstruation with men (Delaney et al: 1976). It might be argued that menstruation is becoming increasingly visible with, for example, the widespread advertising of sanitary products, first in women's magazines and now on television. Yet, as Craik (1979) has noted, the theme of most of these advertisements still concerns secrecy; there is no mention of 'periods', 'blood' or 'menstruation' and products are promoted on the grounds of discreteness

(the towel that will not show under clothes, the applicator that will 'flush away') and their effectiveness in keeping menstruation invisible.

Clearly some of my informants found it very easy to talk about menstruation, at least with peers. Others said that they avoided the topic, finding it 'unpleasant' to talk of even with friends. Several informants stressed how 'natural' and 'normal' menstruation was but, at the same time, implied it was not something to talk about. Katy, for example, stated that menstruation was a normal, healthy event, "just a bodily function", but it would embarrass her to mention to her friends or 'family' that she was menstruating. This constituted making 'a fuss'.

K I'd feel a burke saying "Oh by the way everyone, I've just had my period", so I wouldn't.

J What about boyfriends? Would you....?

K No! Oh God, no! Definitely not.

J What about Barry then?

K No, not for a long time. I mean I wouldn't have dreamt of saying anything to Barry like that.

J Why?

K Well now I would. But then, when I was just going out with him...I wouldn't tell him what was going on with my body. It's got nothing to do with him. It's personal isn't it? I would have been embarrassed to say that to him...I don't even tell friends. Even with a girlfriend I just wouldn't mention it.

One reason why Katy did eventually mention menstruation to Barry was that she avoided sexual intercourse while menstruating, except perhaps towards the end of a period, when the flow was lighter. Sex was avoided mostly because it would be 'very messy' although a reluctance to touch menstrual blood also existed both for Katy and her husband.

While menstrual blood, as part of a physiological process, does not in itself seem to be understood as 'dirty' by many informants, the secrecy surrounding it suggests that there is, nonetheless, something shameful about menstruation. There is a long tradition in Jewish and Christian cultures in which, as another form of expiation of Eve's sin, menstruation "heralds public denial and public shame" (Craik 1979:130).²⁰ From this, it might be expected that menstruation and sexual intercourse are kept separate, and studies do suggest that this is the case for many heterosexual couples. For example, Snowden and Christian (1983) show in an international study of attitudes, that of those women interviewed in the United Kingdom, over half felt that people should avoid sexual intercourse during menstruation. From this the researchers extrapolated that many more of the women they questioned would themselves avoid sex during the time of their period, as it was not uncommon for women who rejected the normative statement about sex during menstruation to say that, as a matter of choice, they did not have sexual intercourse at this time (1983: 55-56). Among the reasons for avoidance of sex at this time Snowden and Christian found not only objections to 'messiness', but fears that this could in some way cause sterility, cancer or sexually transmitted disease. The secrecy and suggestion of shame that accompanies menstruation may indicate that menstrual blood is perceived as polluting. However, as Gottlieb (1982) reminds us, despite its original use by Douglas to imply a wide range of moral states and things out of place, 'pollution' has come to be narrowly understood as having only pejorative connotations (1982).²¹

The work of Powers (1980) provides one example where the ambiguity or changing status which accompanies women in their reproductive years is viewed in positive terms. She suggests that among the Oglala,

The female's entire reproductive stage is...sacred, because during this time the woman is in a continuous state of ambiguity; if she does not reproduce, she menstruates, if she does not menstruate, she reproduces. (1980:65)

While I do not suggest that my informants perceive menstruation as sacred, there are indications that the ambiguous, cyclical status of women is valued in some way.²² The periodicity of women has been seen as analogous to the changing of the seasons and thus to indicate the proximity of women with 'nature' (cf. MacRae 1975). However, the nature of women's periodicity is not a universal, but subject to many cultural influences. As Harrell has pointed out, women in their 'reproductive stage' do not merely reproduce or menstruate; they also lactate (1981). She observes that the cyclic nature of menstruation taken as axiomatic by biomedical science is really only characteristic among western women. The model Harrell constructs of the reproductive cycle of women living in non-industrial societies depicts that, on average, over a period of twenty-five months, four of these will be menstrual months, pregnancy will account for nine months and the remaining twelve will be months in which the woman lactates. However, despite the reduced emphasis on lactation in western culture, it may still remain a biological event available for symbolic manipulation.

4.6) Breastfeeding

In western culture, despite a concern with good nutrition for infants, breastfeeding appears to arouse little interest for the majority of people. As Short has put it

In developed countries breastfeeding is generally viewed as an aftermath of human reproduction, an optional extra tacked on at the end, like the credits for a motion picture. (1984:23).

Short points out, for example, that breast feeding is largely ignored by the medical profession and that no specific medical speciality takes responsibility for it. As a consequence, breastfeeding attracts little attention in medical textbooks and classrooms, and there is subsequently little research interest (1984).

Breastfeeding in the West is 'invisible' in the sense that it is not a common practice, at least in public. In 1985, 65% of women in Great Britain initially breastfed their babies. Of these women only 51% nursed for as long as two weeks, and only 26% breastfed for four months or more ((Martin and White 1988).²³ The most common reason given by respondents for why they had stopped nursing before they had originally intended was the fear of insufficient milk. However, many women also indicated that a factor contributing towards early weaning was the difficulty of feeding in public due to a lack of proper 'facilities'. The reference to facilities suggests that breastfeeding in 'public', that is outside the home, entails finding a private place for nursing babies.²⁴ According to a Department of Health and Social Security report (DHSS 1988), breastfeeding does not have complete social acceptance as the usual way of feeding babies. This statement coincides with anecdotal evidence arising during my period of fieldwork, of women

being asked to leave restaurants and public places such as swimming pools on account of openly breastfeeding their babies. Even the literature of groups aiming to encourage breastfeeding gives tacit acceptance to the notion that breastfeeding should occur invisibly, by giving information to mothers on appropriate clothing and positioning of the child so that no one will realise what they are doing.²⁵

One factor underlying the wish for discreet breast feeding must be the ambiguity concerning the breast in western culture; one moment it is a sexual object, the next a portable kitchen. A study of teenagers in Liverpool, for example, shows that although the majority of respondents thought breastfeeding was healthier than bottlefeeding, 15% agreed that it made them think of "page three girls"²⁶ and made them feel embarrassed (Gregg 1988). The girls in this group felt that this association meant that they would be less likely to choose the breast as a method of infant feeding. Eleven per cent of teenagers questioned thought breasts were 'rude' and 8% thought that breastfeeding was 'rude'. The vast majority considered that breastfeeding was something that should take place in private. Gregg is cautious about extrapolating from her findings as her informants' views may be influenced by the fact that Liverpool has a particularly low incidence of breast feeding (30-35%), and that these schoolchildren were interviewed at an age when they were probably struggling to come to terms with issues of sexuality. Nonetheless she suggests that infant feeding should be a topic in health education for both sexes from the earliest school years:

More open discussion on breast feeding and its merits might reduce embarrassment and modify society's acceptance of the breast as a purely sexual organ. (1988: 148)

Breastfeeding and anthropology

In contrast to the attention given by anthropologists to menstruation, the socio-cultural parameters of breastfeeding have been given scant attention (Harrell 1981; Raphael 1972). Breastfeeding is not even postulated, or refuted, as an indication of woman's proximity to nature in the nature/culture debate (see Chapter One). It has, however, been observed as a physiological function which tends to limit the social movement of women to the context of the domestic group and thereby reinforces the association of women with nature in the form of children (Ortner 1974). Lactation is often seen as analogous to nurturance but the meanings given to nurturance are generally unexplored.

Perceptions of breastfeeding may indicate more general understandings of procreation. The Berti of Darfur, for example, perceive milk, through its association with the exclusively female aspect of nurturance, as the symbol of women's creative power and as such, one of the most appropriate symbols for the difference between men and women (Holy 1988). In western culture, as elsewhere, breast feeding is symbolic of the nurture that sustains the baby and toddler until it attains some degree of autonomy and moral responsibility (Reissland and Burghart 1988). Such nurturance may be premised on the nutritional content of mothers' milk but, perhaps more centrally, on a specific and highly intense relationship between the mother and her pre-social child. For example, in a study by Auerbach and Avery (1981) American women

wishing to induce lactation in order to feed their adopted babies mostly stressed how the mother-child relationship could be enhanced by the practice of breastfeeding, rather than simply the nutritional value of human milk.

Repeatedly, the women wrote of wanting the child to know his or her mother in a manner unrelated to biological kinship. They suggested that nurturance at the breast was every infant's birthright, regardless of parentage or amount of milk produced. (1981: 343)

This specific and intimate relationship may be of particular importance to those women who adopt, but it is also referred to by other mothers. In Martin and White's study (1988), in comparison with 78% of women who thought they would breastfeed because this was "best for the baby" and 33% who thought it more convenient, 22% of women said they would breastfeed because it established a closer bond between a mother and child than bottlefeeding.²⁷

The 'close' relationship referred to here has been described by psychologists as 'bonding'.²⁸ The concept of 'bonding' is also implicit in the literature of 'self-help' organisations that promote the practice of breastfeeding (cf. La Leche League 1981) in which it is suggested that the later the onset of breastfeeding, the more difficult it will be for the mother and child to 'bond'. Indeed, the mother is encouraged to put the baby to the breast as soon as possible after the moment of birth, although the baby has no physiological need for nutritional intake for some time.

Little attention has been given to the culturally-specific nature of 'bonding' yet practices which place less emphasis on the mother-child relationship can be found outside western culture. Reissland and Burghart (1988), for example, describe how among the people of Mithila in Eastern Nepal, the first food of sweetened water is given to a baby by women of his or her patrilineal family. The first milk is ideally goat's milk and, if this is not available, the child is initially suckled by a woman of the courtyard, a relative or, in the last resort, a neighbour, until the mother's colostrum has been replaced by 'real' milk. The authors suggest that what at first sight appears to be a preoccupation with the 'staleness' or even pus-like nature of colostrum, has to be viewed as part of a pattern of minimal contact between the mother and baby at this early stage of the child's life.²⁹

Why breastfeeding should be thought in the West to bring a mother and baby 'closer', or what this 'closeness' entails, has been given little consideration by anthropologists. For example, are breastfed babies 'closer' to their mothers because they are, for a while, exclusively fed by their mothers, because they are held next to their mothers' skin during feeding, because they take part of their mothers' bodies into their mouths or because they take part of their mothers' substance into themselves?

Why breastfeed?

Among my informants, of eighteen women asked, fourteen said that they either had breastfed their children or intended to do so. The reasons they gave for choosing this method of infant feeding varied, with several women giving more than one reason. Six women thought that breastfeeding was 'better' for the baby. Within this group, there were a number of interpretations as to why it was better - it was hygienic, it provided some immunity to disease or because it was nutritionally superior - but all were concerned with the baby's health or physiology. A further four women referred to the fact that breastfeeding was 'natural', although they did not expand upon this. One woman suggested that breastfeeding had a life-long effect on a child and helped to make him or her a 'warmer' character. Another woman said she would breastfeed because she thought men preferred it, and a further woman said it would "help bring your figure back". However, the reason given most frequently (by nine women) was that breastfeeding helped to establish a bond or a 'close' relationship between a mother and her child.

The 'closeness' of breastfeeding

The way in which breastfeeding promoted 'closeness' was viewed differently among informants. The physical proximity that breastfeeding generally entails³⁰ was seen to be at least partially responsible for 'closeness'. Some informants referred to breast milk as if it had a special quality responsible for 'closeness', saying, for example, "it's to do with the milk". Some women were more specific and stated that a mother and child became closer because the child was

taking something from the mother and the mother was 'giving' to the child. The mother's role in this was described as 'giving part of herself' to the child. As one informant, a cleaning manager without children, said: "[The baby] is actually taking something from you. You're actually giving it part of you."

The wish to induce lactation on the part of an adopting woman was also understood by informants within the context of 'closeness'. If a woman managed to stimulate lactation and hence feed the child at the breast, this was presumed to bring about greater 'closeness' between herself and her adopted child, to some extent because of the physical contact, but predominantly because "the baby is taking in her substance". As the 29 year-old nurse said of induced lactation:

I think that has to be natural because the child is becoming part of her, isn't it?...I would imagine if you're going to adopt a child, to be able to breastfeed must be a marvellous way of becoming more your child.

Thus there is the suggestion that breast milk is a substance which can, to some extent, confer common identity, with 'closeness' perhaps implying 'close to the same thing'.

In non-western cultures, breast milk often appears to signify sameness or difference. For example, Ngubane shows how for the Nyuswa Zulu, breast milk is "a manifestation of the dependency of the descent group on the affinal relation" (1977:96), with lactating women viewed as antithetical to the general fertility of the patriclan. Forth (1983), in a study of the Rhindi of Indonesia, provides another example of how breastmilk represents affinity but, at the same time, symbolises the

connection with the child's forebears and hence, continuity. Alternatively, lactation may signify common substance among endogamous groups. Schefold (1982) describes how for the Khmir of north-west Tunisia, even a scorpion who drinks mother's milk becomes the sibling of the child she suckles. Holy (1988) claims that, like other Muslims, the Berti of Darfur prohibit marriage between children who have suckled at the same breast, even though there is no geneological relationship between them, and sees in this prohibition a notion of shared substance.³¹

If breast milk is understood by my informants as potentially conferring common identity, this raises two important points. First, it would seem that in denoting common substance, breast milk bears similarities to the notion of 'blood' held by informants. This notion is examined in greater detail in Chapter Five. For the moment it is sufficient to say that 'blood' is also associated with 'closeness'. Moreover, attitudes towards breastmilk and the body product of blood (that is, venous blood) are remarkably similar, and both stand in opposition to the way in which most other body products are viewed. Breastmilk and venous blood are viewed as 'clean', while most other products are thought of as 'old', 'unclean' or 'waste'. For most informants they are the only body substances (with the exception, presumably, of semen which was not generally discussed with informants) that may, in certain circumstances, be taken into the bodies of others without some degree of concern or disgust.³²

Second, attitudes towards breastfeeding may help to clarify the notions held by informants as to the location of personal boundary. If the ingestion of breastmilk can make the child more like the mother, what does this tell us about the status of the child who is breast feeding, or the woman who suckles?

4.7) The milk of others

With these points in mind, twenty-eight women were given the following vignette to consider: "If, while you were still breastfeeding, you were to leave your baby for a period of time with another woman who was also breastfeeding, would you object if she breastfed your child because he/she appeared hungry or upset?"

Many of the women interviewed did not have children and prefaced their answers with the proviso that their feelings might well change when the issue was no longer hypothetical. Indeed, two women could not answer on these grounds. Of the remainder, eleven women felt they would not object to *certain* women breastfeeding their child. Of these, nine women qualified their answer by saying that the surrogate feeder would have to be a 'close' friend or 'family'. Within this group of nine, three women were nonetheless concerned that, even with the milk from someone 'close', something 'unclean' might be passed on by the milk of another woman. As the 30 year-old public relations director said, "My only thought would be if she had something wrong with her it would go through the milk, that's all". In addition, a further three women in this group thought that there might be a possibility of the different mothers' milk being incompatible. For instance, a 31 year-old medical

secretary pondered, "You can't mix other formulas, can you?", again suggesting parallels between breastmilk and blood. Finally, one woman in this group said that she would seek medical advice before allowing another woman to feed her child. Despite such reservations however, these nine women gave the impression that women who were 'family' or 'close' friends were more likely to have similar milk than other women.

Fifteen women were opposed to the idea of surrogate feeding and their responses varied from strong opposition to mild unenthusiasm. Katy, for example, found the idea "revolting". On the whole, the problem with surrogate feeding was that it was thought to disrupt the 'closeness' or intimacy which ideally should exist between a mother and her child. As the 26 year-old sales director put it, "It would be like jumping into bed with someone else watching! Sharing one's husband or something like that." This quote is interesting in that it implies a parallel between the intimacy associated with sexual intercourse and with breastfeeding. It suggests an analogy between the penis and the breast or nipple, between the vagina and the baby's mouth, and between semen and breast milk which has certainly been reported in other, non-western cultures (see, for example Herdt 1981). It also suggests an association between eating and sexual intercourse, as suggested by Leach (1964: 43), which would be interesting to explore but unfortunately goes beyond the scope of this thesis.

Intimacy was seen to be fostered through breastfeeding by one or other (or for some women, by both) of two factors; i) the physical closeness between a mother and child while the baby is on the breast and ii) the taking of substance/self by the child from the mother. For example, Katy said about the milk of other women: "You see, it's come out of their body and that's what I don't like." Three other informants explicitly stated that they would not like their children fed by another woman because breastfeeding involved giving a part of oneself, as demonstrated by this 26 year-old nurse:

I think, because it is so intimate and you are giving part of yourself to the child, I wouldn't want another woman to be in that position with the child at that stage.

The stage that this woman refers to was described by another woman, a 29 year-old nurse, as the most important years for a child (that is, from birth to age two). During this period the child "soaks up most of its education".

Significantly, some informants suggested that, while breastfeeding, children were a part of oneself. Katy, for example, said "Especially when you're breastfeeding them, it's like they are you." Similarly, a 24 year-old manager stated that she could not contemplate breastfeeding another woman's child

because it's not part of me, that's why. It's that simple. I certainly couldn't get that close to it because it wasn't mine. I'd probably think I don't want something that isn't mine to become so close and so much a part of me, which obviously it must do when you breastfeed a child.

From this it would seem that, for informants, the 'closeness' that should ideally exist between a nursing mother and her child was the

inverse of the idea of 'personal hygiene' which was made explicit in discussions about body products other than milk (see this chapter, section 3). According to this scheme, "keeping oneself to oneself" involved keeping personal body products out of sight or contact with other people. While such personal hygiene appears to remain important in the relationship between nursing infants and most others, in the relationship with their mothers, the opposite is held important. A mother's milk is taken into the baby's body in a way that suggests there is no separation of selves. Breastfeeding seemed to represent a stage in which the child and mother were supremely 'close', if not in some sense indivisible, suggesting that the nursing mother and child form a unity and not a dyad. This point is significant not only in relation to understanding the mother-infant relationship, but in that it suggests that the boundary of the person is a flexible one and may not always refer to the physical organism. This suggestion is consistent with earlier indications that a child only really becomes a person when he or she attains a degree of independence from the mother (see Chapter 3.2). Katy, for example, says quite explicitly that children stop being part of their mother when they become more independent.²³ Finally, it was suggested by one informant that breastfeeding, in promoting 'togetherness', was incompatible with *growing up*:

Breast feeding is something I associate with small babies and it seems to me you're not letting them **grow up**...it's as if they're not progressing at all if they're still breastfeeding when they're two or three.

In Chapter Seven it will be suggested that 'growing up' refers not only to the attainment of physical maturity, but also of full personhood, and that 'upbringing' is undertaken by those who are 'close' and includes training towards moral 'uprightness'. It is in this context, and in the context of a presumed association between morality and notions of pollution (Douglas 1966), that the perception of milk as 'clean' or 'unclean' should be located.

Breastmilk as unclean

Among informants, breastmilk was seen as healthy and clean, at least when issuing from one's own body. This was in contrast to perceptions of other body products which (with the exception of venous blood and, for a few, menstrual blood) were regarded either as waste, unclean or 'old'. Only one out of eight informants questioned would object to tasting their own breastmilk although a further informant commented on how she would dislike being 'covered' by leaked breastmilk, something that a friend of hers had described in talking about the experience of breastfeeding. It appeared there was something shameful about the uncontrolled loss of milk, just as with other forms of incontinence.³⁴

While a woman might regard her own breast milk as 'clean' and appropriate for her child's ingestion, the milk of others was very often not, as responses to the vignette (described above) show. Such breastmilk might, for example, pass on illness or certain personal characteristics. This is indicated by one informant, a 30 year-old clerk, who also suggests an analogy between breastmilk and blood:

I wouldn't suggest that [the surrogate feeder] is not as clean or whatever but - it's something to do with your child possibly having

the same physical characteristics as you, maybe the same blood type and anything that goes with it, and I therefore wouldn't want to risk my child at another woman's breast.

Milk may be 'unclean', not only because it carried illness or unwanted characteristics (physical or psychological), but because of what the lactating woman might have eaten or drunk. For example, Katy was fearful that any milk other than her own might be unclean, even when it came from 'family'.

I'll tell you, when Jo was five months old I went down Kentish Town, and left him with my Nan. Val [Katy's aunt by marriage] lived a couple of doors away. Val - earth mother - is still breastfeeding at eighteen months. She's like that. She could just lay around all day with her boobs out, letting Jane suck - it drives me crazy! And Jo was screaming. He couldn't settle and my nan got a bit afraid, so she wrapped him up in a little blanket and ran down to Val. And Val said to me "Oh, I gave him a little bit of bread and butter". She said "I was going to let him suck but I know what you're like". The thought of it - I would have gone mad!... I wouldn't want him to have anyone else's milk. You don't know what they eat, what they drink - even though it's Val.

Katy also said that her concern about the milk from another woman would include the fact that she wouldn't know "how they washed themselves." This mistrust of others' milk extends to the human milk in hospital "milk banks": Katy would prefer her baby to be bottlefed than to use donated mother's milk, a view paralleled by her attitude towards blood donated by non-'family'.³⁵ However, while she might refuse the milk of other mothers, Katy would donate milk herself, saying: "And yet I'd give my milk for them to give to other babies! But then it's only my milk and I know what I eat and that I'm *good* and clean" (my emphasis). So saying, Katy implies that the cleanliness of breast milk, at least in part, is dependent on moral actions as well as diet.³⁶

4.8) Moral relationships

It was suggested earlier (Chapter 3:2) that personhood is a moral category. The data suggests that the relationship of this moral category to the body is not a straightforward one; it would seem that the nursing mother and her baby, despite having two bodies, are part of the same person until the child achieves some measure of autonomy. The mother's milk is thus the child's milk, in much the same way that the mother's blood is understood to be shared with the child during pregnancy. This milk is acceptable while that of other women is not. The possible exceptions to this scheme - 'close' friends and 'family' - suggest that the boundary of the 'person' may shift in certain circumstances (as, perhaps, with sexual intercourse).³⁷ As suggested in Chapter 1.2, this moral category of the person appears to be premised on three, differently-stressed, cross-cutting axes; those of sameness (and difference), 'closeness' (and distance) and 'openness' (and closedness). 'Sameness' and 'closeness' will be looked at in more detail in the following chapter but this is an appropriate moment to examine the notion of 'openness'.

4.9) 'Openness'

'Openness' would appear to be multifaceted. There is the 'openness' referred to by Merleau-Ponty (see Chapter 3:7). Through his notion of 'flesh', Merleau-Ponty suggests that the human body offers access to an 'openness-to-Being'. 'Openness' as a general term also implies something moral - allowing thoughts and emotions to be apprehended. 'Openness' also refers to a physical state of the body such as breaches in its boundary.

These different kinds of 'openness', however, appear to run together; the expression "to welcome with open arms" implies that the arms are outstretched, but that this is accompanied by a receptiveness that is more than physical. Similarly, the term 'an open face' refers to a collection of facial features, but that also suggests the face's bearer is honest and straightforward. There is, it seems, something about the notion of 'openness' that defies a mind-body dichotomy. In addition, the 'openness' my informants refer to is inconstant; it is appropriate only in certain contexts. This is demonstrated by the unease women feel about vaginal examinations carried out by men. The relationship between a mother and child ³⁹ in which, apparently, bodily integrity increases as the child becomes less 'close' and more independent, provides another example. The way in which this 'openness' is experienced, moreover, may be gender specific; 'openness', and the vulnerability associated with it, may be less important for men in the construction of the person than it is for women.^{39,40}

'Openness' and the gendered body

It has been argued that men and women experience the body differently, that there are two kinds of body with different meanings and cultural inscriptions (Hodge 1988), and that some aspects of physical and emotional being are different enough for women and men to have different ways of 'knowing' (Code 1988). Social practice, such as images of women and men in the media or in medical discourse, can change people's experience of their bodies and their possibilities (Bordo 1988). Merleau-Ponty, in dealing with embodied experience, discusses 'the body' as if it is a universal (Butler 1989), but others (such as de Beauvoir) have noted that what is 'universal' is often equated with what is masculine and that, for women, the body may be different: woman is not a completed reality but a *becoming* (de Beauvoir 1972). However, what is regarded as masculine or feminine is not a given; this study for example looks at the feminine as it is understood by women in a particular culture and at a particular historical moment.

Similarly, the category of 'woman' can be understood as a political one, that power is inscribed upon the female body on the basis of its sexual characteristics and that this in turn influences bodily experience (Butler 1989).⁴¹ Foucault (1977) has suggested that, in the course of the seventeenth and eighteenth centuries, a 'political anatomy' was born; an unprecedented discipline was directed against the body and processes of bodily activity to produce what he calls 'docile bodies'. Foucault's analysis can be criticised for taking insufficient account of gender (Diamond and Quinby 1988), although others have argued within the framework of Foucault's approach that the most docile of

bodies must be the feminine one (cf Bartky 1988). Bartky (1988) posits that the disciplinary power that inscribes 'femininity' in the female body is everywhere - and nowhere; as in Foucault's image of the Panopticon, knowing that she might be observed at any moment, a woman takes over the task of policing herself:

The disciplinary techniques through which the "docile bodies" of women are constructed aim at a regulation that is perpetual and exhaustive - a regulation of the body's size and contours, its appetite, posture, gestures and general comportment in space, and the appearance of each of its visible parts. (1988: 80)

Thus 'femininity' becomes something in which every woman is required to partake. What is more, according to Bartky, the norm of femininity is less concerned with maternity than it was in the past, but is increasingly focused on a woman's body and its presumed heterosexuality. Yet, as the standards of female bodily acceptability are virtually impossible to realise, Bartky suggests women spend most of their lives with a pervasive sense of bodily deficiency.

The potential 'openness' of women must be seen in this context. For example, the view that Sartre appears to hold of the 'feminine' as 'holes and slime' (1984) expresses a long tradition in western thought. According to the Pythagoreans, femaleness was linked to the unbounded and was inferior to that which was identified with form, such as 'maleness' (Lloyd 1984). It was seen in Chapter Two that, within Christian asceticism, the ideal of purity and the disavowal of the flesh were to be attained through a 'feminine paradigm' of self-restraint and most perfectly expressed in virginity. The ultimate model within this paradigm has been seen as the Virgin Mary, whose perpetual virginity

stands in contrast to other women's potential for 'openness' (see Chapter 2.8).

The ideal of containment and the conflation of bodily and moral integrity can be glimpsed in the everyday bodily practice of western women. Young (1989) suggests that

[t]he situation of women within a given socio-historical set of circumstances, despite the individual variation in each woman's experience, opportunities and possibilities, has a unity which can be described and made intelligible (1989:52-3).

One such 'unity' is a certain style of bodily comportment typical of Western, feminine existence in which women are not as 'open' with their bodies in style and gait as men. Wex (1979) has recorded, for example, how women in public sit with arms close to the body, hands in their laps and legs pressed together. This contrasts with men who sit with arms at some distance from the body, legs spread wide and crotch visible.⁴² According to Young (1989), women's posture arises, in part, from the threat of invasion that they constantly experience. The most extreme form of this invasion is rape, but it may be experienced in other, more subtle ways.⁴³ As a result, Young finds, women tend to project an existential barrier around themselves to keep the other at a distance, a barrier constructed by a particular bodily stance and comportment. Women are reluctant to extend the body beyond the closure within which they have confined themselves. Indeed, it is the 'loose' woman who violates these norms; her 'looseness' being manifest not only in her morals but in her way of speech and the easy way in which she moves (Bartky 1988).

My data suggest women's bodies are not always closed and that the barrier Young refers to is dismantled under certain conditions. Certain relationships and events demand openness and, in such instances as birth, breastfeeding and penetrative sexual intercourse, (and unlike rape and medical examination), being 'open' takes on a positive value. The ideal state for the self is therefore not necessarily a closed system (as may be the case in some cultures - see Gell (1979) for example). At the same time, a view of the 'feminine' as something that sucks in masculine matter from outside (cf. Sartre 1958; Gillison 1980), or of the 'flesh' as dehiscent (Merleau-Ponty 1968) may not be consistent with the phenomenological experience of modern, English women.

4.10) Understandings of gender

Informants were not questioned directly on 'openness' because, at this stage of the research, this notion was not one that I was aware of. However, data on gender does suggest that 'openness' imbues much of my informants' thinking. Views of what constituted 'womanhood' and what it meant to be 'feminine' varied, but overlapped in that both, to some extent, implied a degree of 'openness'.

'Womanhood' by and large was associated with physiological and emotional maturity. It might have some association with when a woman first had a period or when she first had sexual intercourse, but most strikingly (and in contrast to Bartky's suggestion) it was linked to when a woman had a child. As one informant, a thirty year-old, unmarried woman in advertising research speculated:

I think that [having a child] will be a very profound event and change one's life dramatically in terms of how you see virtually everything. Your whole focus of life has to change and physically you must be conscious of things happening to your body in a much greater way than, I think, making love or having a period. I think it's quite a daunting prospect really.

One woman was exceptional in that, rather than understanding womanhood in terms of maturity she saw it to be concerned with "privacy".

Understandings of 'femininity' were contradictory in that most women offered two meanings, one of which was the way in which this term was thought to be widely understood and the other was their own personal interpretation. The 'public' meaning of 'femininity' was seen to be a negative one and conjured up images of pretty, dainty creatures who 'wafted around' in lace dresses and where in need of masculine protection. The 'feminine' woman was thoughtless, helpless, passive,

weak, without a mind of her own and generally subordinate to men. In contrast, personal understandings of 'femininity' were more positive and linked women to maturity, emotional independence, fertility and nurturance. Running through both levels of understandings - either explicitly or implicitly - was an association between 'femininity' and 'openness'. For some informants, the 'feminine' woman was concerned with being sexually available and having the potential to conceive. For others, she was emotionally 'open'. Others again perceived her as malleable ('soft') and without fixed views. Significantly, while 'femininity' was linked by some to the potential to conceive, most informants felt that it was unaffected by the use of contraception.

As with 'femininity', 'masculinity' was interpreted at two levels. Informants thought most people understood 'masculinity' to imply toughness, hardness, large physical size and particular (assured) movements. In addition, masculine men were controlling or dominating. Young men were thought to perceive themselves as 'masculine' if they had sexual intercourse frequently. As a 37 year-old department store buyer said

When I was younger, seventeen year-old boys...all they wanted is to get their leg over; they feel that's a masculine thing to do, and you're indoctrinated to feel it is. In fact, when I met my husband he took me short because he was the first man I'd met who didn't put sex first on the list, and it was very refreshing.

This woman was not alone in expressing a personal understanding of 'masculinity' which referred to sensitivity, caring and being loving. These characteristics however were associated with older men for whom sexual intercourse had become less important as a means of demonstrating 'masculinity'. What apparently remained important was reproductive

capacity. All informants thought that a man's sense of 'masculinity' was undermined by their use of contraception, that to 'father a child' was a very 'masculine' achievement.⁴⁴

Drawings by sixteen informants of the masculine and feminine body (See Drawings Series D and E, and the discussion of these drawings in Chapter 1.7) showed a further distinction. The masculine body was perceived as exclusively defined by the genitals (including pubic hair) by four informants, while all sixteen women included the penis and scrotum (or testicles) in their drawings. Eleven women represented the hirsutism they associated with the male body - predominantly of the face, chest, legs and, less often, of the pubic area. Greater size, especially of the chest and muscles, was referred to by five informants. Finally two women included the nipples and one, the 'adam's apple'.

In contrast, all sixteen women included the breasts in their drawings of the feminine body. No women defined the feminine body exclusively by the female genitals but one informant referred only to the breasts. Thirteen women represented pubic hair and five indicated the vulva (also labelled the vagina or labia). Four women thought that the female body was, in part, defined by its overall shape (referring to 'waist' and 'hips'), two mentioned the 'womb', one the clitoris and (internal) vagina, while one woman made specific reference to the nipples.

What is interesting about these drawings is that the masculine body appears to be defined by most women by the genitals and is understood as a sexual/reproductive body. Alternatively, the feminine body is defined primarily by the breasts which *may*, depending on context, be identified by women with female sexuality, but equally, *may* represent the nurturant nature of the feminine body.⁴⁵ One interpretation of these drawings therefore is to see them as offering support for the existence of the ontogenetic model of procreation, in which the male plays an initiating role and the female, one of nurturance.

4.11) Conclusion

In this chapter it is suggested that, for my women informants, the feminine body is ambiguous, both in terms of its boundary and its substance. The potential 'openness' of women is attended by the threat of personal invasion, but it also provides the basis for certain moral relationships, exemplified by that of the breastfeeding mother and child, in which there is 'openness', 'closeness' and an exchange of substance. (A similar example might be offered by certain sexual relationships.) Such moral relationships, in which an 'extension of self' appears to occur, serve to question the assumption that perceptions of the 'person' in the West are always based on a notion of a bounded and substantially unchangable individual. As the following chapter will show, the perception of the person as a moral and a phenomenological entity helps to explain, for example, attitudes towards incest, where part of the extended self, or what is the 'same', is treated as if other, or different.

4.12) Embodied knowledge

The possibility of different experience of the body arising from gender is reminiscent of Bourdieu's observation that the use of the human body is informed by habitus resulting from a shared environment. What he sees as 'transposable dispositions' arise in the context of everyday practical activities or 'habitus' (1977:72). Mauss (1973) also stresses that habits are interactional and related to a particular social environment, that forms of bodily use are conditioned by our relationships with others. For example, he sees that movements which are seen as typically 'masculine' or 'feminine' are encouraged or

discouraged according to what is contextually appropriate. More generally, Mauss posits that collective representations such as those of gender or class are always correlated with patterns of bodily use generated through the habitus.

This leads Jackson to suggest that

within the unitary field of mind-body habitus it is possible to intervene and effect changes from any one of these points. By approaching cognition in this manner we are able to enter the domains of words and symbols by the back door, so to speak. (1983:336)

Jackson goes on to argue that what participants say about ritual can be correlated with what they do with their bodies in ritual, that

what is done with the body is the ground of what is said and thought. From an existentialist point of view we could say that the bodily practices mediate a personal realisation of social values, an immediate grasp of general precepts as sensible truths. Such a view is consistent with the tendency to effect understanding through bodily techniques, to proceed through bodily awareness to verbal skills and ethical views. (1983: 337)

Notably, when Jackson's informants, the Kuranko, do supply a verbal exegesis it tends to centre on root metaphors which refer to the practical, bodily activity of everyday life. What I want to suggest here is not only that bodily practices may represent embodied knowledge of the social domain, but that such embodied knowledge may be expressed verbally through the use of metaphors which refer to bodily activity and stance. Because of the conflation of bodily and moral domains, these 'postural' metaphors (referring, for example, to 'standing' or 'falling') may refer also to moral stance. They are discussed more fully in Chapter Seven.

CHAPTER FIVE

'BLOOD', 'FLESH AND BLOOD' AND RELATEDNESS

..in the realm of kinship theory we are dealing with what we can call '*personal kind*' terms that are, like concepts of 'natural kinds', highly abstract, philosophically important concepts, which defy definition, and which share the openendedness and inexplicitness typical of all theoretical terms that refer to 'kinds' comprised of complex relational properties and networks of similarities and differences, rather than of particular internal constitutional properties. (Overing 1985a: 772-73).

Introduction

One of the main issues this dissertation is concerned with is the way in which 'relatedness' is understood. To what extent, for instance, is it a matter of 'biological' connection?' The previous chapter showed how the moral person suggested by informants is based at least in part on the notions of 'openness', 'sameness' and 'closeness'. These refer to the person's relationship to others, to the extent of his or her autonomy. This chapter looks more closely at the notions of 'sameness' and 'closeness' and their connection with 'relatedness'. In what sense, for example, are people judged to be the same? Is 'sameness' predicated on an understanding of consubstantiality and, if so, what form does this take? Is the possession of common substance, in fact, the basis of relatedness? Similarly, if 'closeness' signifies a particular type of relationship between people, does closeness refer to the extent to which these people are biologically 'the same' (for instance, sharing a close approximation of common substance)? Alternatively, does closeness refer to some sort of metaphysical similarity, a mapping out of the moral domain?

5.1) Relatedness versus kinship

It was assumed at the beginning of fieldwork that, for my informants, relationships of 'relatedness' would exist principally in the private rather than the public domain² and would be founded, for the most part, on a procreative model. At the same time, I did not wish to assume that 'relatedness' was synonymous with the ties that arise out of the biological facts of reproduction, just as others (such as Schneider 1972) have been reluctant to see kinship in these terms. Indeed, it might be argued that, in its association with procreation and the private sphere, 'relatedness' is simply another way of referring to kinship. It has also been claimed that it is the underlying notion of shared substance which sets kinship systems apart from other social systems (Cucchiari 1981). Yet, as Needham (1971) has noted, the term 'kinship' is what Wittgenstein calls 'an odd-job word'; it subsumes a large number of topics and therefore has no distinct or concrete identity. Southwold (1971) has similarly claimed that the meaning of 'kinship' in anthropological usage is not only ambiguous, but that the term has a surfeit of meaning. The lack of an adequate definition of kinship (suggested by Barnard and Good (1984) as the outcome of socialisation in our own kinship system), has led to a confusion which allows anthropologists to trace relationships among informants rather than observe the relationships informants themselves might trace.³ Indeed, others have gone further and stated that there is no such thing as kinship - consequently there can be no such thing as kinship theory (Needham 1971), or that kinship is little more than an analytical category constructed by anthropologists (Schneider 1972).

This possibility gives rise to a dilemma; how to ask questions which refer to issues traditionally located within the kinship domain without asking informants to explain what is perhaps only an anthropological construct. In other words, is it possible to go beyond the traditional anthropological paradigm concerning kinship?⁴ In the end I assumed that, in studying relatedness, I was not *necessarily* dealing with kinship. As a part of this strategy I deliberately avoided the collection of genealogies, with the exception of Katy (see Figure A),⁵ and instead asked informants about their families and friends while leaving open the question of who *ideally* constitutes a family.

5.2) 'Family'

The term 'family' presents certain lexical difficulties; it is a polyseme suggesting both individuals and relationships (Segalen 1986). Although 'the family' commonly refers to a narrow, domestic group composed of parents and children (La Fontaine 1988) and the principal unit of production, reproduction and consumption (Goody 1972), the term may also be used to refer to a wider group, a selected assortment of grandparents, aunts, uncles, cousins and so on who, generally speaking, do not co-reside (Rapp 1982). While 'the family' is usually taken to imply a nuclear group, this arrangement does not have the universal significance that the term suggests (Harris 1981). Within Western culture the nuclear family prevails as the norm: "the modern nuclear family, with a particular sexual division of labour, has been writ large as The Family and elevated as the only desirable and legitimate form" (Thorne 1982:4). The ideal of the nuclear family, Thorne adds, is deeply embedded in government policies, in the organisation of the economy and in cultural ideas. Nonetheless, the structure of families may be different in practice; it is thought that only one third, or less, of British households are currently organised on the basis of this model (Barrett and McIntosh 1982; OPCS 1990). Furthermore, where the nuclear family occurs, its members may have important ties with kin beyond this group. Failure to recognise this has often led to confusion within the social sciences between household and family (Stivens 1981: Rapp 1982). The dominant ideology of the post-war years - that of individualism and freedom - has encouraged social scientists to regard each western family cell as unique and impervious to cultural, economic or historical influence (Goode 1963; Segalen 1986).²

The polysemy of 'family' within western culture is paralleled by the variety of ways it has been understood by historians. Some have argued that the norm of the nuclear family is a relatively recent phenomenon in the West. According to Flandrin (1979), for example, the notion of family as co-residing kin did not exist prior to the nineteenth century; it was the bourgeoisie who first had the kind of domestic life characterised by the term. Others (cf Goldthorpe 1987) deny that the Industrial Revolution decimated the extended family previously typical of Britain. Alternatively, Stone (1979) has suggested that, historically, there has been no one ideal family type but a plurality of overlapping family styles and values corresponding to the plurality of cultural worlds existing in England. This view is supported by the suggestion that 'the family' is not a concrete 'thing', but an ideological construct with moral implications (Collier et al 1982).⁷

Besides implying different groups of people, the term 'family' also suggests certain affective relationships. The nuclear family is assumed within western culture (including the social sciences) to be the appropriate domain for the expression of emotion, a "haven in a heartless world" (Lasch 1977). One of the central notions concerning the construct of the 'the family' is that of nurturance, that is, care which goes beyond the requirements for biological survival and entailing affection that is enduring and noncontingent (Collier et al, 1982). In this respect, 'the family' stands in contrast to other aspects of social life:

The family as we know it is not a 'natural' group related by the claims of 'blood' but a sphere of human relationships shaped by a state that recognises Families as units that hold property, provide for care and welfare, and attend particularly to the young - a

sphere conceptualised as a realm of love and intimacy *in opposition* to the more impersonal norms that dominate modern economics and politics. (original emphasis) (Collier et al 1982: 33)

However, as these same authors point out, the widespread association of 'the family' with nurturance and altruism glosses over instances in which family members appear entirely self-interested. There is, for example, historical evidence for the abuse and neglect of children (see Ariès 1973, Stone 1979) just as there is today (Campbell 1988; La Fontaine 1988; Meadows 1989). Moreover, studies such as that of Young and Willmott (1957) suggest people often find intimacy and emotional support from those beyond the domestic group. Despite the evidence of such studies, relationships within 'the family' continue to be idealised and put in contrast with those beyond its boundary (Collier et al, 1982).

Families are structured around gender and age; women and men, girls and boys have a different experience of the family (Thorne 1982). While generation has, as yet, been given little attention, the relation between gender and the family has recently come under the scrutiny of feminist anthropologists. It has been argued by some that gender and kinship are mutually constructed; neither can be treated as if analytically prior to the other (see the volume edited by Collier and Yanagisako 1987). These authors point out that, although a dichotomy between domestic and politico-economic spheres should not be assumed^a there is nonetheless a tendency in western culture to associate men with the outside world and women with the family environment or 'the home' (Yanagisako 1977). Spiegel suggests that women with children are

identified with the domestic domain to such an extent that "*family* is a code for "*mother*" (1982:95).⁹ Moreover,

Much of the ideology surrounding kin relations is closely linked to the creation and recreation of women as ideological objects, the ideological construction of the feminine (Stivens 1981:115).

The sexual division of labour within the western family is such that women are seen as the principal carers, with the model for affective relationships provided most cogently by the mother-child relationship (Comer 1974).¹⁰ Within this framework, fathers are virtually non-existent. According to Collier et al (1982), even contemporary anthropologists have removed the father from 'the family' by positing the mother-child dyad as the irreducible core of 'the family'.

This chapter reports that the plurality of family style referred to in this section is found among my informants. The term 'family' (usually used in preference to 'the family') was widely used to refer not only to those who co-resided and had genealogical links, but also to certain others who did not.

Who is 'family'?

Thirty-three women (groups 2 and 5 in Appendix F, plus Katy) were asked a range of questions about their concept of 'family'. The vast majority (25) were single women. Of the rest, five were married, one was co-habiting, one was divorced and one was engaged to be married. Only two women, including Katy, had children although at least one other woman had been pregnant (an ectopic and therefore non-viable pregnancy).

Because I was interested in women's own experience of family life rather than understandings of the norm, I asked all thirty-three informants who they thought of when the word 'family' was suggested to them. Less than half the women interviewed (12) felt that, for them, the expression 'family' referred exclusively to members of the nuclear family.' One woman in this group, for example, did not include a grandmother living in the same household in the category of 'family'. For the other twenty-one informants, including Katy, 'family' referred to a wider group than the nuclear family. As a category, it included a variety of people such as grandparents (very commonly), uncles, aunts, nieces, nephews, cousins, affines and, in one case, a 'best friend'. Moreover, while the term was generally used for a range of people who had some geneological or affinal relationship with the informant, 'family' did not refer to all those who could claim such links.

Relatively close encounters

There was no objective way of understanding or predicting who would be included under the rubric of 'family'. Nonetheless, at a personal level, informants had a clear sense of their family's boundary. For example, when Katy went away once with her older boys, she could not leave her youngest child with her mother, the ideal choice. Instead he was taken care of by her aunt by marriage, Val, who already had to care for two very small children. Katy, her mother, grandmother and Val nonetheless thought this a better arrangement than if he went to someone 'outside' the family. At the same time, 'family' boundaries appear to vary for its members; Katy perceives her husband's family as part of her own, but Katy's mother, Sybil, does not see them as such. Alternatively,

Sybil's ex-partner Graham was still regarded by Katy as 'family', although her mother's new partner was not.

Whether or not someone was included as 'family' appeared to depend on a subjective reckoning of how 'close' they were. This closeness, in turn, depended on the degree of social intimacy that existed and not, for example, on the similarity of genetic constitution. (See also the discussion of 'closeness' and genetics in section 3). The relative unimportance of genealogical links was demonstrated by one informant who excluded parents or siblings from the category of 'family' but, at the same time, included half-brothers and sisters who had 'grown up' in the same household. In short, there appeared to be a distinction for many informants between different family-type relationships, but the distinction was not drawn on biological criteria. Those who might appear to be related on the grounds of genealogical connections, but were not granted 'family' membership because they were insufficiently 'close', can generally be subsumed under the overall category of 'relative'. Informants used this term, by and large, to refer to those objectively connected either through 'birth' or, less often, marriage. Such individuals did not constitute a clear, peripheral group, however, in that those termed 'relatives' might, in a different context, be included as 'family'. For example, Katy describes her husband as 'family' but not as a 'relative', while in most contexts she sees his parents and brothers as her relatives but not 'family'. However, when it came to identifying potential blood donors, Barry's family became Katy's. Like 'family', the term 'relative' was ambiguous, and, in its use, informants slipped between its different meanings. Yet while the

term was frequently used to refer to those on the periphery of 'family', the fact that it might also refer to those who were 'family' suggests that people are not necessarily 'family' in the same way or to the same extent. This was highlighted by discussions with informants on whether a spouse could, in principle, become 'family'.

Becoming family.

Of twelve informants who discussed this issue, ten thought that spouses could become 'family', although two of these women qualified their answer and one informant thought the spouse became a special sub-category of family, "a relative by marriage". One respondent was uncertain as to whether a spouse became family, and a further informant thought that spouses definitely could not.

For most of the women interviewed, the question of whether their own spouse would become family was hypothetical; the majority of informants were single and without children. The answers they gave were therefore based on the way a sibling's spouse had been incorporated into their family, the way in which any long-term 'boyfriend' of their own had been treated, or how such boyfriends' families had responded to them. It emerged that, on the whole, marriage was not perceived as the key to inclusion within the family. Instead, frequency of contact, interest in family affairs and the potential for 'closeness' seemed especially important for acquiring family approval and membership. For example, an unmarried, 27 year-old research scientist said:

My brother's got a girlfriend and she's almost become part of the family. They probably will get married, so.... And because she lives round there, all the rest of the family look on her as a relative - and I do when I go down. It comes to a stage - it's a gradual change - I think she's got to be what I consider 'close'.

'Closeness', in turn, depends partly upon 'getting on', talking freely or being 'open' and allowing oneself to be vulnerable.

Interestingly, according to one informant, a spouse can become "more family than family" because it is with a spouse that an individual is most open and vulnerable. Another single woman, a recruitment manager said:

I think you tend to tell them possibly more than you tell your parents really. That relationship with them is even deeper in some respects than that relationship with your parents is because you're laying yourself completely open and vulnerable to them, whereas possibly the relationship with a parent is always protected and always stable and secure. With a relationship - with even a husband - you're not necessarily positive of security there.

Affines as 'family'

Opinion was more divided in terms of the status of the spouse's 'family'. Only one woman stated unequivocally that a spouse's 'family' became 'family'. Two women said they did not, three were unsure and one woman suggested they became 'family' for some members of the family but not for all. One informant thought that affines could become 'family', but only to a certain degree. The others saw incorporation into the family depended on how well they were known, how they all got on and the potential that existed for 'closeness'. A single, 21 year-old administrative assistant remarked:

- I: My family would welcome anyone - unless they didn't like them - that's happened. If they like someone and I'm happy and he's happy, then he's just sort of one of the family.
J: His family too?

I: Yes, if we all get on. If we all see eye-to-eye there's no reason why we shouldn't all be close.

But, for most, a spouse's 'family' did not hold quite the same family status as the spouse. A single, 28 year-old fingerprint officer said for example:

I: When I'm married, then I think, once you know the parents, you've obviously got another set of parents - but I wouldn't look on them as much as relations as I would my own family.

J: So there are different degrees....?

I: It's a different type of relationship in a way 'cos you haven't known them all your life. I wouldn't be able to open up to them as much as I can my own parents. But my boyfriend, that's a different relationship, obviously. We've got a relationship again where we can discuss any problem that we've got.

Despite the general willingness to include affines, especially spouses, under the rubric of 'family', it is interesting that, of those informants in this group who were married (six in all), only two spontaneously mentioned their husbands as family members. Three women included their husband's family as 'family' (two without mentioning their husbands) and one woman referred to her 'own' family - although whether this term included her husband as well as her children was not ascertained. One married woman without children made no mention of her husband or affines in describing her family. Also in the non-single group were women who were engaged and or co-habiting. None of these made any mention of their partners or partners' families in their initial elaboration of the term 'family'. It appeared that, for women in this group, the term 'family' primarily referred to the family in which they were 'raised'. This may in part be linked to the fact that most women did not have children of their own. It appears a married or cohabiting couple does not, of itself, represent a family; one "starts

a family" by becoming pregnant. Yet Katy also seems to overlook her own nuclear family of husband and three children when describing her 'family' despite including her husband's family in this category. It was only with further questioning - as with other informants - that it became clear that her husband had some form of family membership. This points to a further distinction *within* the family, between 'family' and 'blood'.

5.3) 'Closeness' versus biogenetic distance

A number of notions have emerged (such as 'closeness' and 'blood') which will be looked at in more detail later. At this point I should stress that, for many informants', family' relationships are not predicated on biological relationships, nor does 'closeness' refer to the degree of biological substance held in common between two family members. As such, it is quite different to the notion of 'distance' Schneider has observed in 'American kinship' (1980). Schneider argued that, for his informants, 'kinship' consisted in sharing natural genetic substance.

He says:

Two blood relatives are 'related' because they share in some degree the same stuff of a particular heredity. Each has a portion of the natural genetic substance. (1980: 24)

Moreover, with each reproductive step away from a given ancestor, the sum of common substance is subdivided and hence the degree of relatedness existing between two people can be calculated in terms of 'distance'. However, 'distance' appears to be similar to my informants' concept of 'closeness' in that a) both can additionally be used to describe other (for example geographical) relationships among family members, and b) both terms have a moral connotation. For example,

Schneider says:

'Distance' is simply the statement of kinship in quantitative terms. That is, on the one hand, it is a measure of the degree to which two persons share common biogenetic substance, and on the other hand it is a statement of the magnitude of the claim on diffuse, enduring solidarity. If diffuse, enduring solidarity obtains, distance is the statement of 'just how much'. A relationship which is 'close' is one where the claim will be high; one which is 'distant' or 'far away' is one where the claim is smaller. (1980: 65)

'Closeness'

At the beginning of fieldwork I did not specifically ask informants about 'closeness'; it was a notion which I took so much for granted that, as with 'openness', I failed to identify its relevance. It was only when I repeatedly found informants using the term spontaneously that I began to look at 'closeness' more critically and started to ask women to elaborate its meaning. This meant that I specifically asked women about 'close' family relationships if they initially made no obvious reference to these.

As Segalen (1986) has cautioned, 'family closeness', when it refers to affect, is a vague expression. It is clearly not measurable in the way that the 'distance' Schneider refers to can be quantified. For a small minority of informants, 'closeness' appeared to be associated with geographical proximity and therefore, at first impression, potentially amenable to quantitative analysis. Yet as the statement by this 29 year-old graphic designer highlights, geographical closeness is only one influence on 'closeness':

I've got aunts and uncles and things but I don't see them very often so I don't look on them as close. We'd probably be a lot closer if we lived closer.

Frequency of contact was partly important in order to know people well. However, for the majority, 'closeness' was less dependent on geographical proximity than unconditional support, although it was often recognised that this was easier to provide at close range. A 20 year-old, unmarried woman working in retail management thought, for example, that 'closeness' meant:

People you care about deeply, that you know will always be there and if you have any problems - whether minor or personal - they'll always **back you up**.

'Closeness' often came from being '**brought up**' together, (as with siblings, or possibly half-siblings or cousins), or otherwise from a long association over time. For instance, I asked a 28 year-old fingerprint officer if the closeness she described with her parents was to do with the biological link they shared. She replied: "I personally think it's the way you've been **brought up** - if you can talk about your problems."

As mentioned before (see 5.2), 'closeness' also required 'openness' or being able to talk freely about emotional issues. The importance of 'openness' was suggested, for example, by one 24 year-old manager who was explaining the distinction she made between 'close' family and friends. She said:

I think it's that your parents know you and your family's known you since you were born, so they've seen all the good times and the bad times and they virtually know you *inside-out*, whereas your friends only know you for however long you've been going out with them. [my emphasis]

The precondition of 'openness' for 'closeness' was also made clear by the finger print officer, who described her expectations of 'close kin' as:

Total openness. I'm very lucky because I have a very personal and strong relationship with my parents. Anything I want to talk about, they're there and I can talk to them about it. So we are a very close family. Some people might think we are too close but they are always there if I need them.

What "too close" might mean was not pursued, but it was clear from several informants that while openness was crucial, it was not always desirable on all topics, sex being a case in point. On the whole it seemed informants preferred to talk to those they were less close to about sexual matters, with the exception of spouses, and in some instances, sisters. (This will be discussed in greater depth in section 7.)

For the moment, I prefer not to elaborate the meaning that 'closeness' held for informants, other than saying that it appears to be represented by the receptiveness of kindred (their openness to discussion, for example) and based on the assumption of a shared code rather than a shared substance. 'Closeness' was, for example, one factor in determining the sorts of claims that informants could make of 'family' .

Expectations of 'close family'

Irrespective of any biological relationship, acceptance as 'family' carried with it higher expectations of behaviour, but also greater tolerance of non-compliance than existed for non-'family', as the following discussion with Katy demonstrates:

K: I take a lot more off family than I would anybody else. And, I mean, I do more for family....I'd give more for family because they're family. I mean if I was out 'til two o'clock in the morning and the car broke down, I could ring Barry's brother or my mum or Barry's mum and they'd get up. They'd say "Oh you're a bloody nuisance you are" but they would come. Whereas if I rang you and I said "Come and get us" you'd probably hang up!

Most women agreed that they could challenge 'family' more than friends if they did not like their behaviour, and because of this, a number saw themselves as more intolerant of family than friends. However, most also thought that ties of friendship were fragile in comparison with those of family, suggesting that tolerance was more necessary to maintain the relationship.

Most of the informants who spoke about their expectations of 'family' felt they could rely on 'family' for either practical or emotional help. It was suggested that 'family' wouldn't "let you down" or that "they're always there". In addition, women preferred to accept help from 'family'. One informant, a single, 32 year-old film extra thought this was so in her case because her family asked for nothing in return from her:

It's not so much an effort as friendship because they [friends] ask a certain amount from you, but [my father] asks for nothing in return. Just the fact that he's my father and he's there if I need him....I like to think I don't, but you can take [your family] for granted and they're still there.

Another woman, a 37 year-old housewife/company director, thought it was possible to make more demands on family than friends because there was less risk of jeopardising the relationship:

Obviously I think you'd hope your family would help you out more than had you called on a friend, because you don't want to make the friendship wear out very thinly if you have to keep asking them!

In some respects, expectations of 'close' kin were similar to those attending relationships of 'generalised reciprocity' (Sahlins 1974), insofar as an imbalance of input was tolerated, at least in the short term. Certainly an acceptable delay in reciprocity helps to indicate the moral nature of my informants 'family' relationships and the expectation that these relationships will endure.¹² The following discussion with Katy indicates something of the kind of expectations she has of family, including the way in which 'the family' ensures reciprocity:

K: You'd lend a sum of money to family whereas you wouldn't to other people. You'd let your family drive your car, whereas you wouldn't to other people. You know, I'll tell you why that is. Because [if] you let somebody else drive your car and they crashed it, you don't know what you're going to get. You know they might just....there's no actual *duty* there. Whereas if one of Barry's brothers bashed the car up, we know that we'd get paid back because either Barry's mum and dad would pay it for them or....you just know they wouldn't let *you* down. An example: we lent Jim some money once and he said he'd pay it back in a month, and about six months later he still hadn't paid it back. Barry's mum and dad got onto him. Like you can tell one another...and they'd all gang up on that person! That's what it's like really.

However, most informants did not so much expect instrumental help (such as assistance with household tasks or financial aid) as emotional support and advice (see also Firth 1956; Young and Willmott 1957). This is significant in

the light of studies of western families which have stressed the pooling of the more tangible resources of childcare, food and the loan of money.¹³ Cornwell, for example, in a study of working class families in East London, notes that in the mutual exchange of services between mothers and daughters, the most 'positive' relationships were not necessarily the ones involving the greatest degree of tangible support and that "the most dependant [were] not necessarily the most emotionally close" (1984:112). Here, in this study, we see evidence of 'sharing without reckoning' (Fortes 1969) associated with enduring, moral relationships that are premised on 'closeness'.

Finally on this point, the recruitment manager referred to earlier said that she expected less of friends because "I don't think they care as much, to be honest, because they're not really as much *part of you*". This suggests that those understood as 'family' hold something in common which is of mutual concern. It was suggested earlier that those who are 'family' are perceived as more dependable than those who are not. Such dependability was frequently expressed by informants as the maxim "blood is thicker than water". The notion of blood is a paradoxical one but, very generally, appears to refer to something held in common. This, as the next section will show, is not necessarily shared physical substance, as the term might suggest.

5.4) Consubstantiation

Pitt-Rivers has claimed that "like breeds like in every system of thought"; children everywhere are thought to be of the same substance as their parents (1973:92). Yet the substance passed on from parents to children and the way in which it is transmitted varies cross-culturally. In lineally organised societies, for example, a different substance may be passed on by the mother and father.

Cucchiari (1981) notes that the notion of consubstantiality may be based on one of two models. In what he describes as a "procreative model", the substances of semen or menstrual blood act as mediums for consubstantiality. Alternatively, in a "nurturant model", breast milk or food may be stressed. However, whichever model informs notions of consubstantiation, there will be procreative referents. As Cucchiari puts it:

even where parents are defined more as the people who protect, feed and raise the child, the relationship is still expressed in genealogical idiom. Note, for example, that although the idea of Navajo motherhood can be either the woman who bore or who raised the child, a mother can only be a woman - a person at least theoretically capable of bearing the child. One would expect that a completely nurturing model of the mother-child relationship would be capable of including both men and women. (1981: 35)

We saw in the previous chapter that, among my informants, breast milk is often viewed as a substance associated with 'sameness' and 'closeness' (see section 7). However, it cannot be claimed that breast milk is emphasised in this culture or, in Cucchiari's terms, that we have a nurturant model of consubstantiation. Breastfeeding is apparently seen by English mothers as the expected norm, and bottle feeding as a deviation requiring explanation (Woollett 1987). Nonetheless, as we saw in Chapter 4.6, breastfeeding is discouraged in

public places and the number of mothers who breastfeed for longer than four months is small (Martin and White 1988). Nor can it be claimed that our concept of shared substance is based on a procreative model; semen and menstrual blood are given little emphasis. Instead what is stressed are *notions*, for example, of 'blood' and 'flesh' which, on the one hand conform to Cucchiari's thesis as 'substances' which help to map out the social universe but which, on the other hand, do not physically exist.

This *notion* of substance has been observed elsewhere; Pitt-Rivers (1973) has suggested that the likeness-in-being referred to by consubstantiation provides a medium for what he calls 'an extension of self'. Along with others (such as Marriott 1976) he has noted that, in many cultures, the self is not an individual self alone, but includes those with whom the self is solidary. Physical reproduction provides a model for such an extension of self but the substance on which consubstantiality is based is "the *notion* of substance only, a notion far divorced from the physical scientist's concept as that of Christian consubstantiality" (Pitt-Rivers 1973: 25). From this it would seem that Pitt-Rivers is suggesting that a moral condition (such as solidarity) can determine whether common substance exists, instead of an exclusively physical connection through 'birth'. This view is supported by the possibility of establishing consubstantiality by means other than birth. Pitt-Rivers (1973) and Wolfram (1987) claim, for example, that consubstantiality is particularly explicit in Christian marriage where sexual intercourse makes the spouses 'of one flesh'. Consubstantiality can also occur through the ingestion of sacred substance (such as the Eucharist which makes members of the Christian Church one body). It

is this connection between morality and common substance that may underlie informants understanding of 'blood', rather than, for example, a perception of blood as the locus of genetic information and thus, of similar substance.

5.5) 'Blood'

'Blood' and anthropology

In anthropological debates on kinship, as elsewhere,¹⁴ the meaning of 'blood' is often taken to be self-evident. As Fortes has said 'blood' is 'a technically slipshod term' (1969: 221). The notion of 'blood' is one which anthropologists have often failed to regard as a cultural construct, as Morgan's understanding demonstrates:

In the systems of relationship of the great families of mankind, some of the oldest memorials of human thought and experience are deposited and preserved. They have been handed down as transmitted systems through the channels of the blood (1871: vi).

According to Schneider, Morgan's concept of 'blood' is the same as that of contemporary anthropologists, who see it as a matter of genetics and biology (1972: 32). Fox offers a clear example of this assumption. He is at pains to stress that consanguinity cannot be understood as a genetic relationship, but presumes a genetic relationship is always one of 'blood' (1967:34). Yet a glance at everyday usage of the term suggests that the meaning of 'blood' is not a unitary one. Certainly, blood was regarded as the substance responsible for the transmission of hereditary features long before the blood groups and their genetics were known.¹⁵ However, even within the scientific paradigm, blood as a substance is not isomorphic with genetic material; the genetic

material found in blood can also be found elsewhere in the body. In addition, blood appears to be what Turner (1974) has referred to as a multivocal symbol, as suggested by its association with emotion (as in 'hot-blooded', 'cold-blooded'); with life ('life's blood'); with death ('bloodshed', 'bloodbath'); social class ('blue blood', 'good blood') and with social relationships (as 'bad blood' existing between people). Therefore, we must be wary of conflating blood as physical substance and 'blood' as a concept.

Informants' understandings of 'blood'

The notion of 'blood' was one that I was well aware of within my own culture although, prior to fieldwork, I had assumed it to refer to genealogical relationships. During interviews, informants often spoke spontaneously about 'blood' and 'blood ties'. In those instances where they did not, I introduced the subject, often through asking them to explain the expression "blood is thicker than water". The notion of 'blood' emerges as a very powerful one for informants. It is, nonetheless, difficult to pin down as the term, on the one hand, holds a number of different meanings but, on the other, is used without any qualification. For example, apart from referring to a bodily fluid, 'blood' may be used to stand for 'genetics'. However, most informants additionally use the term to refer to something that is neither of these things.

Of thirty-one women, including Katy, who talked about 'blood', the majority appeared to see it as something that is held in common among family members. However what was held in common was perceived rather differently among informants. Four women thought that being of the same 'blood' involved having

some common genetic material but, even for these women, 'blood' was not simply a question of genetics. For example, one informant thought that blood might refer to common physical substance in the form of shared genetic material, but the term 'flesh and blood' referred to those who 'brought up' children or the children they 'brought up', whatever their biological relationship (see also section 6).

Other informants drew a much clearer distinction between genetics as common substance and 'blood' as a way of describing the bond that existed between certain people. For the majority (19), those with blood ties represented a loose group of individuals perceived as 'family' who were also regarded as 'close. 'Blood' had a physical referent in that those people designated 'blood relatives' usually shared a common ancestry or that, in some sense, they shared 'birth' (for example as half-sisters). However, not all those who shared 'blood' were described as 'blood relatives'; common ancestry was not the defining feature of 'blood ties', as the data on 'blood' and spouses indicates (see below). In addition, a relationship based on shared birth or common physical substance could be ignored or played down where there was no emotional content, where there was no shared experience and no 'closeness'. For example, a 25 year-old, unmarried secretary stated that her 'blood relatives' were her mother and her brother; her aunt and uncles were not "because I'm not close and therefore I don't make the connection." Generally speaking, it seemed that the recognition of a blood tie implied that the parties knew each other fairly well and shared an emotional bond. For example, Katy classified her relationships with two of her mother's father's sisters as ones of 'blood', but

denied the same relationship with other siblings of her grandfather, on the grounds that she never knew them. Subjectivity in the recognition of blood ties did not extend, however, to whether or not Katy liked or disliked the person. For instance, asked whether her second cousins, once removed (on her mother's side) were 'blood', Katy responded "Yes, they are - more's the pity!" Alternatively, a blood tie was recognised by some informants between a child and his or her adoptive parents. The research scientist, for example, understood 'blood' as:

the people who **brought you up**. I wouldn't say it was any different if you were adopted, it's the people who've been there, **brought you up** and gone through it all with you. It doesn't mean blood literally.¹⁶

Katy proved an exception in that, at one level, she understood 'blood' literally. For example, asked what it meant to share 'blood', she replied:

- K: Well, we've got the same blood. I mean, I love my Nan and Grandad because they're my Mum's mum and dad. I love Tim and Aunty Maisie because they're her brother and sister. I love Emma and Jane because they're Tim's children. It's just there.
- J: What does blood refer to? Is it literally blood, like the blood in your veins?
- K: Yes, I think so.
- J: And that's the same in some way and different to other people's?
- K: Oh yes, I mean definitely. If I was ill and I needed some blood or one of our kids needed blood, I'd rather it come from one of the family than the hospital give just any blood. I would rather one of our own give it, and when I say "one of our own" I mean Barry's brother, Barry's mum and dad, my mum and dad, my aunt and uncle. I'd rather it come from our own than just anyone.
- J: Do you think there's something special about blood?
- K: Yes, because you're the same.

Katy recognises 'blood' as indicating 'sameness' despite an awareness of the scientific concepts of blood groups and rhesus factor. At the same time, there

is no obvious biological criterion defining 'sameness', as the way she maps out those with a 'blood' tie demonstrates (see Figure A).

The emphasis on 'blood' as an indication of 'sameness' is also important in distinguishing 'blood' from genetics. The science of genetics is concerned with the study of heredity and variation (Berry 1972). In other words, genetics is concerned with explaining similarities and differences. This is at odds with my informants' understandings of 'blood' which refer to the way in which individuals are in some sense the same; the notion of 'blood' does not explain differences between individuals. Moreover, genetics may refer to biological heredity but, at the same time, the nature of what is passed on is transmutable.¹⁷ Yet, with 'blood', what is held in common is apparently consistent and the same for all those who stand in a blood relationship. 'Blood' and genetics therefore do not appear to be of the same order of things. This conclusion is consistent with the statements by informants who may claim a 'blood' relationship where there is no known genetic material held in common, as with spouses.

Blood and the spouse

We saw earlier that spouses could be incorporated into the family with varying ease. For most informants they could become 'family', perhaps relatives, but they did not usually have full 'blood' status. Informants were well aware of the various and confusing shifts in meaning of the term 'blood' made evident by the position of the spouse. For instance, a single, 32 year-old administrator was asked if 'blood' was the same thing as 'genetics'. She replied:

Yes I suppose, in a way, although even so, saying that, when people say 'blood' they tend to mean it for all the family, so that's even a married couple which aren't going to be related by blood to the mother and father. So it's a bit contradictory.

Several informants agreed that one way in which a spouse could become 'blood' was after the birth of a child. For example, asked "Is it possible to have a blood relationship with a husband?" the 24 year-old recruitment manager replied:

That's difficult, actually. I'm not sure. My first instinct would be to say no, but on the other hand I think possibly it would become more of a blood relationship once you have children. Because it's almost then as if something between you is actually combining.

Katy explained the 'blood bond' between herself and Barry as the outcome of 'love' and having children in common:

It's like a feeling that, whatever happened, they're still from both of us and that kind of makes us more together, more *one* because of them....
[Children] have picked up all the ends and knitted [us] all together.

In other words, there is a suggestion from Katy and others that the nature of the relationship between spouses is reclassified through procreation; parents become closer to being 'one' or being the 'same' through conceiving and 'raising' children together. This 'sameness', represented by 'blood', is, I believe, different in nature to the similarities (such as likeness of appearance or even temperament) which informants believed to be transmitted by genes.

This is very different to Schneider's findings. His American informants' understood the 'blood' relationship as

a belief in common biological constitution and aspects like temperament, build, physiognomy and habits are noted as signs of this shared biological make-up, this special identity of relatives with each other (1980: 25).

Furthermore, according to Schneider, this identity as a biological community is expressed by the term "being of the same flesh and blood". That is to say, among his American informants 'blood' and 'flesh and blood' are synonymous. In contrast, my data suggests that, although each cannot be understood without reference to the other, 'blood' and 'flesh and blood' are two different if overlapping categories. For most informants, 'blood' refers to a metaphysical 'sameness' and the expression 'flesh and blood' describes a specific form of this.

5.6) 'Flesh and blood'

There is a common idea within and without anthropology that, as with 'blood', the term 'flesh and blood' can be loosely used as an alternative expression for genealogical relationships. Craig, for example, attributes Gellner with the view of kinship as "merely a matter of flesh and blood" (1979: 94). However, 'flesh and blood' was not a straightforward concept among my informants. I began to specifically ask what was understood by the term after one or two women indicated that 'flesh and blood' had a slightly different gloss to that of 'blood'. It should be said, however, that informants used the term less often than 'blood' in any spontaneous way. Twelve women discussed this topic, including Katy. On the basis of their answers as to whether or not they understood 'flesh and blood' as a category distinct from 'blood', these informants can be divided into two groups.

Group One

Eight informants understood 'flesh and blood' as a discrete category. To begin with, for all but one of these women, 'blood' ties extended both vertically (that is, to preceding and succeeding generations) and laterally (for example, to siblings, cousins, aunts or uncles etc). In contrast, 'flesh and blood' referred to vertical ties (grandparents, parents, children), with the exception of siblings and sibling's children (and in the case of one informant, her spouse). Katy was the exception to this scheme; she drew a clear distinction between those of 'blood' and 'flesh and blood' but, for her, 'flesh and blood' included her mother's sister and mother's brother. This aunt and uncle were closely involved in Katy's 'upbringing' and perhaps give some indication to the role of flesh and blood for other informants.

The importance of involvement in 'upbringing' for those deemed 'flesh and blood' was also referred to by other informants. For instance, a 34 year-old divorcee said:

I suppose my brother and sister fall into that definition ['flesh and blood'] because we **grew up** together and were brought up by the same parents.

Significantly, one married informant, a 27 year-old legal secretary, suggested 'flesh and blood' relationships were protective ones. She thought first of her parents when questioned on this category because, she said, she was looking after them now they were older.

Overall, the informants in this group seemed to regard 'flesh and blood' as a core group within the wider one of 'family'. Most commonly, this was represented by known, living members who were directly linked by sex and reproduction. One woman, for instance, (a married, 31 year-old secretary with no children), understood 'flesh and blood':

with relation to my mother because she bore me. I would count that as a flesh and blood relationship. My children - from me to them. My sister less so, because she was also born of my mother.

Seven of these nine women, however, understood 'flesh and blood' less in terms of the genealogical ties this statement might suggest, and more as the 'closeness' that they identified with such relationships. Three women stated that in implying 'closeness', 'flesh and blood' was a very similar category to 'blood', but 'flesh and blood' suggested *greater* 'closeness' than might be found in 'blood' relationships.

Figure B represents the distinctions made between 'blood' and 'flesh and blood' made by twelve informants during discussions. Interestingly, those whom I thought might have been classed as 'flesh and blood' but had died, although not excluded from mention, were not referred to either as 'blood' or 'flesh and blood' (Katy provides an exception). Yet one woman, an unmarried 21 year-old chaperone for child actors, commented that she would have classified her father as 'flesh and blood' if he were still alive. She would also include any children she might have in the future. Firth (1956) and Bott (1971), in studies of 'kinship' in London, noted that approximately 15% of informants' genealogies were constituted by dead kin. Firth points out that

"[m]emory of dead kin is part of the social personality of an informant; the dead tend to serve as a focus for sentiment; they are the links of justification for social activities with other kin" (1956:38).

If we assume that my informants and Firth's have similar attitudes towards dead kin, why do women in my study exclude the dead from their categories of 'blood' and 'flesh and blood'? I would suggest the answer has to do with the way these categories are founded on 'closeness' (and, as we see later, 'upbringing'). To put it crudely, it is difficult to be 'close' to someone who is dead.

There is yet another aspect to the category of 'flesh and blood' which should be noted. This is the way in which being of the same 'flesh and blood' indicates being part of the same thing. One woman, a 32 year-old barmaid, in an earlier stage of the research, had said of 'flesh and blood' "I thought that meant being of their (family's) flesh and their blood, being born of them or being part of their entire body". This sense of 'flesh and blood' was also found among this group of informants. For example, the child chaperone referred only to her mother as 'flesh and blood', "because I came from my mother and the other people [other 'family'] had nothing to do with it really". The notion of 'flesh and blood' as consubstantiality was also held by Katy:

My mum had me and Auntie Maisie is part of my mum. Tim is part of my mum and Nan and Grandad are part of my mum so that makes them part of me because my mum had me.

However, sharing substance was not always sufficient in itself; what might be expected to be a 'flesh and blood' relationship could be played down where there was an absence of 'closeness' between relevant family members.

Group Two

Four informants in this group made no apparent distinction between categories of 'blood' and 'flesh and blood'. They nonetheless offer some insight into the meaning of these classifications. For example, one rather sad single, 37 year-old woman understood 'blood' as the defining feature of a relative. A 'blood' relationship, or one of 'flesh and blood', was a fact of life, a biological given and, as such, devoid of emotion. However, later in the discussion this informant volunteered that she felt very isolated, having no siblings and no 'family' to speak of on her mother's side. Her father had died when she was young and her mother had become an alcoholic. While her father had many relatives, my informant was not 'close' to any of these, and did not include them amongst those she described as 'blood' (even though by her previous definition they *would* constitute 'blood'). Because of her mother's alcoholism she had been 'brought up' for the most part by neighbours:

I turned to neighbours who became surrogate parents in my formative years so, if you like, I could almost count them [as 'flesh and blood']. I'm closer to them with whom I have no blood tie than I am with genuine family.

It appears then that despite apparently conflating 'blood' and 'flesh and blood', this informant nonetheless implies that, on the one hand, 'blood' describes relationships that are both 'close' and based on geneological links while, on the other hand, 'flesh and blood' should ideally refer to those who are 'close' and who play a supportive role in 'upbringing'.

Of the other women in this group, one made further reference to the importance of 'upbringing' in the definition of 'flesh and blood' relationships. For example, a 25 year-old secretary said:

My father...obviously he was there *to bring me into the world*,¹⁸ but because we didn't have a very close relationship and he didn't participate in my upbringing....yes, he is flesh and blood, therefore he is family, but as far as I'm concerned, he didn't take any responsibility in bringing me up, so therefore I don't think of him in the same way - you know, as being flesh and blood, a close family relative.

Reference was also made by women in this group to the role of 'flesh and blood' in coming into being. A 23 year-old personal assistant said, for example;

We all come from the same person really. If it wasn't for my Nan, none of us would be here. The same with my other grandmother - my dad wouldn't be here and all his family.

What is interesting in the light of the discussion of the ontogenetic model of procreation (see Chapters One, Two and Six) is that this informant only refers to the grandmother's role and ignores the grandfather's contribution. Finally, for the fourth woman in this group, a 26 year-old secretary, categories of 'blood' and 'flesh and blood' are often represented by the same people. Nonetheless what these categories denote is not genealogical ties (her grandfather, aunt and uncle are excluded, for example) but 'closeness'.

In sum, the notion of 'flesh and blood' is, for most informants, a distinct category referring to a core group of individuals within the wider category of 'blood'. What links these individuals is, perhaps, a sense of collective history, more frequently of collective identity, but, most importantly, a sense of 'closeness'.

5.7) Generation without penetration

Returning to an earlier point that, for many informants, 'openness' was regarded as a precondition for being 'close', it can be seen that there were notable exceptions to this scheme. It was deemed inappropriate to be 'open' to discussions concerning personal sexual behaviour with those who were 'close' (other than with friends or spouses); or to be 'open' to sexual behaviour with members of this group. Sex was, for the most part, taboo with those of the same 'flesh and blood' in word and deed. The sanction on sex, however, did not appear to affect the sense of 'closeness' overall. This was made clear, for example, by a 24 year-old recruitment manager, who described her reluctance to indicate to her parents the precise nature of her relationship with her 'boyfriend' saying:

I'd love to tell them but I just don't see the point. Sometimes it amazes me how naïve they can be; surely they think there must be something going on! I think it's basically they don't want to know. It certainly doesn't spoil the closeness, not being able to tell them.

The same informant was able to discuss other, intimate matters with her mother, such as instructing her mother on how to insert vaginal pessaries. It would appear therefore to be sex rather than, say, modesty that is at issue.

In all, eleven informants were questioned on the attitudes within their families towards sexual matters. The majority (8) said that sex was not a topic for family discussion, particularly if it was discussed at a personal rather than abstract level. Conversations with parents about sex were, for most women, more taboo than other potentially contentious issues such as religion or politics. The remaining

informants could discuss sexual matters with their mothers but not their fathers (or in the case of one woman, her step-father). All informants were more likely to speak to siblings about sex, particularly sisters. It appeared sexuality was a more difficult topic between members of different generations than for those of different sexes within one generation, although this distinction was modified by gender.¹⁹

Embarrassment was one reason suggested by informants for avoiding the topic of sex. For example, a single, 32 year-old, health service administrator said:

I don't actually remember going to my parents to ask them anything about it really. I'm sure they would have answered me. I didn't feel easy about it. I think also, you know...you can feel that, as they haven't spoken to you, they are probably going to be embarrassed and you can sense you're going to be embarrassed asking them.

This embarrassment seemingly arose from some sense of inappropriateness about parents or offspring as sexual beings. Informants thought, for example, that their parents would be 'disillusioned' about their offspring if they knew them to be sexually active, particularly if unmarried.

Katy was more than reluctant to view her own mother as a sexual being.²⁰ The idea of a sexual relationship between her mother and Don, the man she lived with, appalled Katy:

- K: I don't like to think of them having sex! I like to think it's just companionship.
J: Why is that though?
K: I don't know. It's just awful to think of my mum....But Barry's the same. He can't bear to think of my mum with him [Don]. He hates it.
J: He feels this about *your* mum?

K: Yes, he doesn't like it either...because she's, like, 'Nanny' and we don't like to think of her like *that*. She's their grandmother and she's...I don't know. My Nan and Grandad don't like to think of it either.

Subsequently, Katy told me that she and Barry felt very similarly about Pat (Barry's mother), who had filed for divorce from Sid and had begun a relationship with a younger man. This disapproval again seemed associated with the concept of what a grandmother was and how she ~~should~~ behave. Barry and his brothers were embarrassed by the way in which their mother had apparently changed. She had always been an attractive woman, Katy said, but in a 'motherly' way, being rather plump and using few cosmetics. Now she wore expensive, tailored suits, high-heeled shoes, 'off-the-shoulder' dresses and a great deal of 'make-up'. This was viewed by the rest of the family as inappropriate, not so much because she had four sons, but because she had seven grandchildren. This disapproval, however, was not exclusively linked to Pat's age. For example, Barry did not altogether disapprove when his father, the grandfather of seven children, began to dress differently and began an affair with a young woman. It appeared that, as men, Barry and his three brothers encouraged this but, as 'family', they were made uncomfortable by their father's behaviour.

Katy also implied that, as a parent, she herself was unwilling to be regarded as a sexual being. Although her sense of humour included sexual innuendo, Katy did not like to talk about sexual matters at a personal level. There was a parallel between this and her attitude towards menstruation; both were normal, healthy events which were quite

inappropriate to discuss. Informing her children about "the facts of life" therefore posed a dilemma. Sam, her second son, had already asked questions in this respect.

K: He asked how the baby got in my tummy.

Sam: They put seed in there!

K: And I said to Barry "Shall I tell him how the seed got there?" and he said "No of course you don't. Not yet!". And he said "Oh God put it there". I mean, it's a bit complicated - how would I go about explaining how it got there? Plus I don't know if he really wants to know. Would he, at five? But when he's ten and he asks, I'll be too embarrassed to tell him!

In sum, the ideal parents are asexual ones. There is an apparent disjunction between sex and 'blood', resulting in the paradox that those whose relationships can be seen as the outcome of sex cannot speak of sex.

The paradox of 'flesh'

It was noted in Chapter Three, that the term 'flesh' has a *double entendre*, referring both to substance (and non-substance) and concupiscence. Sins of the 'flesh' are, traditionally, sexual sins.

What is interesting about the category of 'flesh and blood' predominant among informants is that, with certain exceptions such as adoption, it refers to those people who share 'substance' and are linked by sexual intercourse (a becoming 'as one') in the preceding generation.

Although it may be argued that genetic information is generally transmitted by sexual intercourse, it is possible that sex is more important in understanding 'sameness' than genetics. The paradox of the asexual family certainly indicates this.

Several informants suggested that 'blood' and 'flesh and blood' have a temporal dimension, offering links to the past and to the future. Historically, according to Foucault, 'blood' has provided one of the fundamental values for western society because of

its instrumental role (the ability to shed blood)...the way it functioned in the order of signs (to have a certain blood, to be of the same blood, to be prepared to risk one's own blood), and also...its precariousness (easily spilled, subject to drying up, too readily mixed, capable of being corrupted) (1981: 147).

'Blood' was "a reality with a symbolic function" (1981: 147). Moreover, the aristocracy claimed a special character for its body in the notion of blood, notably what had gone before - its ancestry - while the bourgeoisie, once emerged, was concerned with what was to follow - its progeny. Thus "[t]he concern with genealogy became a preoccupation with heredity" (1981: 124). This began a concern with the sexual body, made evident through nineteenth century literature concerning eugenics and sexual medicine, that is at odds with the widespread view of the Victorian bourgeoisie's repression of sexuality. In this sense, Foucault claims that western societies went from a "symbolics of blood" to an "analytics of sexuality" and the constant arousal of sexuality, rather than its suppression (1981: 148).

Significantly, Foucault perceives 'the family' to have been a major component in the "deployment of sexuality".²¹ It is particularly interesting to note that this deployment of sexuality is, according to Foucault, formed on the basis of the Christian notion of the 'flesh', and remains concerned with "the problematic of the flesh", that is, "of the body, sensation, the nature of pleasure, the more secret forms of

enjoyment or acquiescence" (1981: 108). Such flesh, according to Foucault, has to be mastered by confession.

However, while Foucault states that the family searches for the slightest traces of sexuality within its midst, my informants suggest that the family wishes to ignore its every trace. This seeming myopia can be observed at a number of levels, ranging from the reluctance to acknowledge the sexual bodies of those who are 'close' (the disturbing nature of the pubic hair), to the denial of certain 'family' members as sexually active, and the absence of any discourse of confession through which, according to Foucault, sexuality may come into being. It is preferable to regard 'family', particularly 'flesh and blood', as asexual and nowhere are informants' views clearer on this than in their attitudes towards incest.

5.8) Incest

In Western anthropological and legal definitions, incest can be understood as the intersection of three different sets, that is, a set of sexual behaviours, a set of kinship categories and a set of prohibitions. These three sets help to define incest, but emphasis on any one set and the way in which these sets combine will vary cross-culturally (Willner 1983). The meaning of incest, however, may vary not only between cultures but within any one culture. English law, for example, defines incest as sexual intercourse between certain members of a family, but non-genital sexual behaviour on the part of those who play a family role, while not legally incest, can still be interpreted as such by those who experience this behaviour (La Fontaine 1988). As Willner notes, "[i]t is enough that the resonance of sex and kinship is present in at least one of the multiple definitions of a polysemic term" (1983:137).

Incest can also be seen as one of a set of categories, where it is the set as a whole that is analytically important rather than the single category (Leach 1976). However, different theorists have placed the category of incest in a number of different sets. Leach, for example, classifies incest with "bestiality, homosexuality, rape, adultery, fornication and so on" in a set of sexual sins (1976: 75). Alternatively, others might place incest alongside rape, wife-battering and child abuse, a set which emphasises relations of power rather than sexual behaviour *per se* (Rich 1980). As Willner points out, there is a less than uniform cultural construction of the meaning of incest between individuals of different attributes and background within contemporary

Anglo-American societies. These different understandings of incest may be linked to differences of class, gender, ethnicity, age or even personal experience of incest.

None of my informants volunteered information indicating any involvement in an incestuous relationship. Although all female and of similar age, informants were not apparently all of similar class background. Nonetheless there was a certain amount of agreement in their understandings of and attitudes towards incest. What was implicit in most informants' responses was that incest can be understood as one of a set of categories concerned with informants' personal ontologies, more specifically, with categories referring to self and other, incorporation and extrusion and the links between these.

Informants were asked about their attitudes towards incest without any elaboration of what this term might mean, or who it might involve. This was done with the hope of uncovering the more metaphysical meanings which sex might hold for informants, especially in relation to any moral system associated with kindred. It was also hoped that, in discussing attitudes towards sexual relationships specifically between children and adults, a clearer picture of the concept of a child would emerge.

Of sixteen informants asked "What is incest?", all stated that the term referred to sexual behaviour of some sort between members of the family - although one woman, a 28 year-old distribution assistant, was unsure whether incest referred to sexual intercourse specifically between a sister and brother, or to "a wife sleeping with somebody

else". Seven women understood incest to primarily mean some sort of sexual relationship between a parent and child, and the most common understanding of this was that it was the father, rather than the mother, who was involved. Of the rest, the defining feature of incest was that it occurred between 'close' family. As we saw earlier, who counted as 'close' family depended on the social rather than the biological nature of any relationship. This was demonstrated by Katy, for example, who would not dream of having a sexual relationship with one of the cousins with whom she was 'raised'.

My three cousins are all men. I mean, I love them, but I love them as family. We laugh and joke. When I see them they kiss me hello, put their arms round me and squeeze me, but its different. I mean, my mum's sister's children! It would just be too close! Say it was me and my cousin Bob...then it would mean my mum and my Auntie Maisie would have the same grandchildren! Bob I've been brought up with since a baby - it just wouldn't be right. Plus the blood thing. It wouldn't be right.

In addition to Katy, three informants stated that incest was wrong because of shared 'blood' and might result in damage or handicap among any offspring. However, as before, 'blood' was not acknowledged on the basis of genealogical links. Katy, for example, understood her mother's sister's three 'sons' as 'blood', but was less clear about how to classify her mother's brother's son by his first marriage. The important difference between these two groups of cousins does not concern their position on the genealogical map (or their genetic constitution), but the degree of 'closeness' that they shared with Katy. On a similar basis, five other informants saw sexual behaviour with affines as constituting incest, if these affines were 'close'. (As such they were included under the rubric of 'family'.) If the relationship

was not 'close', then sex between these parties was not incest. It was, nonetheless, wrong.

All informants who discussed the issue initially replied that they found the idea of incest to be abhorrent or 'disgusting'. On further discussion, however, certain circumstances emerged in which incestuous behaviour did not incur the same vehement disapproval. These can be summarised as either where there was little disparity in age between those involved, or where both parties were adult.²² What was quite unacceptable was an 'incestuous' relationship between a child and a 'close' adult. Notably, this did not have to be an explicitly sexual relationship. What was unacceptable was any quasi-sexual behaviour towards a child on the part of someone he or she was 'close' to, and which, it was thought, would interfere with the level of care or nurturance that the child was entitled to expect. For example, the recruitment manager said:

I think there are some forms of incest where you don't necessarily have to, sort of, perform a sexual act to create incest. So [incest is] anything where the actual relationship between the parent and the child isn't, sort of, a nurturing or fulfilling sort of relationship, [but] its a destructive one.

Similarly, the research scientist made it clear that it was not the occurrence of sex itself that was the problem, but

because it messes up everything else about the family. I don't think of it as a filthy thing or anything like that.If it was your father, I don't think you could look at your father in the same way. That would be the worst thing.

For a number of reasons, incest involving sexual behaviour with a young child was viewed as a far more heinous deed than the sexual abuse of a child by a stranger. For example, it destroyed the trust that should exist between family members, especially children and their parents. As a 26 year-old woman, a public relations assistant, said "It's not as if there's a stranger who's done this thing; you can't blame an outside force. The force is actually within the family." This same informant pointed out that, while a child who was abused by a stranger could turn to his or her family for care afterwards, the child subjected to abuse within the family had no-one to turn to. It was thought that a child would not be able to publicly accuse a 'close' family member of abuse, as the repercussions would be too disruptive. On the other hand, the child would be permanently reminded of what had happened by the continuing presence of the perpetrator. Finally, within the idea that incest represented a breach of trust, was the sense that, ideally, parents could be trusted to be asexual. As the health service administrator put it:

I think you have defined roles in families and there are defined roles for a reason - for the protection of the family, if you like, - and I just don't think those roles can be overstepped in a sexual context. You cannot see, say, a father as a father figure if there's this sexual role that comes into it as well.

One problem with incest then is that it undermines the concept of the parent as an asexual being. While some informants made clear references to additional ways of understanding incest (for example, as signifying relations of power, more specifically male dominance), it was the focus on 'closeness' and the asexual nature of those who give nurturance that emerged most clearly.

5.9) 'Flesh and blood' as extended self

At this point I would like to return to the conclusions made in Chapter Four. It was suggested that, on the basis of attitudes to the body products of others, 'closeness' can be understood as a continuum; that, at one level, 'close' is an abbreviation for that which is close to being the same thing; one's children, especially when very young, can be conceived of as 'close' to the point of being a part of the parent's being. This likeness-in-being appears similar to what Pitt-Rivers has described as "an extension of self" (1973). One model on which 'closeness' seems to be based is that of the mother-child relationship in which the mother both bears and 'raises' the child. The mother and child can, for a time, be seen 'as one' in a way which parallels the traditional understanding of the husband and wife as one.²³ 'Sameness' and 'closeness' are epitomised in this instance by the act of breastfeeding (as opposed to sexual intercourse in marriage), with mother's milk emphasising both common substance and the nurturant quality of the relationship.

At the same time, 'closeness' and 'sameness' may be more loosely modeled on the the relationships subsumed under the category of 'flesh and blood'. Those included within this category, we saw earlier, generally understand themselves as the 'same'. This 'sameness' is to some extent represented by the sharing of common substance, namely 'blood', although it has been shown (see section 5) that this is often not regarded as a physical substance. Despite the overlap between those of 'flesh and blood' and consanguineal relationships (particularly those between grandparents, parents and children), the main criterion

for recognition as 'flesh and blood' is a social rather than biological one - namely being 'close'. As with the mother-child dyad, those of the same 'flesh and blood' have a mutual concern with 'upbringing', nurturance and protection; those of 'flesh and blood' are what Southwold (1971) has described as "cogeniates", in that they act in what is understood as a parental role (even though the child may be "the father of the man").

This raises the question of whether it is coincidence that the fundamental features of incest and those of 'flesh and blood' are one and the same, namely the relationship between a dependant and 'parent' who are to some varying degree, 'close' and the 'same'. If not, it would seem that, for my informants, the prohibition of incest is, essentially, the prohibition of sexual behaviour between those who are, to a large extent, the 'same'.^{24, 25, 26}

In Chapters Three and Four we saw indications that, for my informants, the person is not necessarily a discrete entity but is, in certain circumstances, potentially 'open' to others who share a certain approximation. It emerges in this Chapter that those 'same' others with whom one is 'open' constitute a category regarded as sexually taboo; that there is a conflict between 'openness' and the bodily openness commonly assumed as central to a feminine heterosexual sexuality. Perhaps more pertinent, sexual intercourse can be seen to be ideally concerned with otherness; Western attitudes towards homosexuality and masturbation, for example, appear to be premised on a model in which sex takes place with "the other". Therefore, where the self is extended to

include those who are 'close' to being the same, it should not be surprising if those identified as 'same' are also sexually taboo. This is especially clear in the case of young children who have the closest approximation of 'sameness' to those who 'raise' them.

This argument bears certain similarities to others in the debate about incest. Schneider, for example, proposes that incest is unacceptable behaviour in American culture because it

unifies what is one to begin with by the device for unifying opposites..and fails to separate what was one into two, thereby directly inverting in one stroke both sides of the formula, that only different things can be divided by sexual intercourse and only united things made different (1980:40).

However, it was clear among my informants that incest did not necessarily involve sexual intercourse, nor was it behaviour restricted to biological parents and their children. Just as my informants appear to have a more metaphysical understanding of 'blood' than the one Schneider records for his American informants, so too is their understanding of incest more abstract.

My informants' views appear closer to those of Héritier (1982), who has said that

[t]he symbolics of incest, based on the solid pillars of the identical and the different, has no necessary link with real, specifically genealogical, consanguinity (1982:176).

Héritier stresses that the criteria which are used to distinguish the identical from the different will vary from society to society, with each culture constructing its own "symbolics" around this issue. She suggests that incest prohibitions can be understood in terms of the avoidance of an excess of the identical, of the dread of carnal contact

with one's own substance (1982: 175). Masturbation, Héritier states, is "an accumulation of the identical, perhaps the most perfect of all such accumulations" (1982: 176) and she notes parallels between beliefs concerning the outcome of masturbation and incestuous unions such as weakness or disease.

However, there are aspects of her argument with which I would disagree. For example, she suggests that "there exists at the very least a universal tendency to regulate sexual relations among those who are close" (1982: 152). To begin with, what she means by 'close' is not clear, but I would not wish to make any universal claims concerning incest prohibitions. Moreover, I disagree with Héritier's assertion that incest prohibitions, after a primary concentration on heterosexual relations, are next concerned with those heterosexual relations that involve the risk of fertilisation. While homosexual incest is certainly widely overlooked, in English courts the strongest legal sanctions appear to be reserved for incestuous relationships which run no risk of being fertile ones.^{27, 28}

The relative's body

What has begun to emerge over this and the previous chapters is that 'openness', 'sameness' and 'closeness' can all be seen as differently weighted expressions of a moral stance which is being represented in a bodily or physical idiom. This is made more explicit by the following section but will be discussed in greater detail in Chapter Seven.

Needham (1971) has noted that the English word 'incest' comes from the Latin *castum*, meaning chaste. Needham suggests that the idea underlying the English term is that incest is a transgression against purity and moral decency.²⁹ Yet 'chaste', besides meaning purity, also implies virginity and, hence, bodily integrity³⁰ (as may be imposed, for instance by a 'chastity belt'). The point was made in Chapter Four, following Jackson (1983), that bodily and moral integrity can be overlapping principles. Jackson has elaborated this by suggesting that bodily practices, such as not flinching or crying out during circumcision, can have a direct bearing on the personal realisation of social values, such as forbearance or the keeping of oaths. In other words, it is possible "to effect understanding through bodily techniques, to proceed through bodily awareness to verbal skills and ethical views" (1983: 337).

Jackson posits that the relationship between thought, language and activity is intrinsically closer in pre-literate societies than in modern literate ones; in the former, failure to uphold ethical expectations is more likely to be viewed in bodily terms. This view is not clearly supported by other writers, who suggest a link between the moral and the physical in western societies (cf. Sontag 1979, Homans 1982, Kennen 1980). There is certainly some suggestion that my informants believe incest may lead to physical weakening and disease in any progeny from incestuous unions. If 'sameness' and 'closeness' denote an extension of self, a certain moral field, and sexual intercourse represents the fusion with self and other, it is arguable

that incest prohibitions help establish an awareness of the physical *and* moral integrity of the extended self.

5.10) Conclusion

In terms of the questions posed at the beginning of this chapter, it appears 'relatedness' is not necessarily a matter of genealogical connection, but a moral relationship described in spatial/physical terms. 'Relatedness' denotes a relationship that is based on an assumption of likeness of being, but the nature of this being is non-material. It is a metaphysical consubstantiality in which what is held in common may be shared in greater or lesser degree. Hence, a distinction is drawn between those of the same 'blood' and those of the same 'flesh and blood'.

The emphasis on the moral nature of 'relatedness' helps to cast further light on the meaning procreation holds for informants. At the same time, the relative insignificance which many informants give to genetic connection poses a number of questions with regard to the development of new reproductive technologies. Both of these areas are discussed in the next chapter.

CHAPTER SIX

REPRODUCTION AND PROCREATION

Culture emphasises rather than overrides the natural tendencies. It remakes, with other elements, the family into the same pattern as we find in nature. Culture refuses to run riot. (Malinowski 1960: 217)

Introduction

It was suggested earlier (Chapter 5. 8) that the point of origin of a new family is not marriage but the arrival of children. While pregnancy and childbirth in western culture have been the focus of a variety of forms of analysis (regarding, for example, the social context or social relations of parturition), little attention has been given to the relationship of these processes to cultural understandings of procreation. In this chapter I suggest that 'procreative knowledge' is difficult to circumscribe because it spans more than one kind of worldview, referring both to a biomedical model of reproduction and to personal knowledge. At the same time, the nature of personal knowledge is such that it is difficult to articulate. The meaning procreation holds for informants is made more explicit by examining the reasons why people are thought to want children. This chapter also examines the methods informants said they would consider acceptable if they could not have the children they desired without the involvement of a third party (medical or non-medical). Surrogacy is given particular attention as a way of clarifying understandings of parenthood, especially motherhood; informants were given hypothetical situations to discuss concerning surrogacy in an attempt to discover the criteria of 'motherhood' and the kind of 'relatedness' that is signified by 'blood'.

6.1) Reproduction and procreation

A distinction was drawn in Chapter One between 'reproduction' as the physiological processes of conception, pregnancy, birth and lactation as the foci of biomedicine, and 'procreation' as a symbolic construction which expresses certain ontological principles and social relations of a specific culture. It should, however, be stressed that this distinction is not a clear cut one. Pregnancy and birth, for example, have become widely recognised by anthropologists as biological processes that are shaped by the social and cultural context in which they occur'. Such shaping may come about in an number of ways. Cultural practices and social circumstances may, in themselves, modify pregnancy and birth: for example, the accepted age for marriage or sexual activity for women, type of marriage (monogamous, polyandrous, polygynous), residence patterns or breast feeding practices may all influence parturition (MacCormack 1982). Alternatively, while parturition is accompanied by a variety of social practices, cross-cultural evidence suggests it is commonly treated as a life-crisis event or rite of passage: in most societies, birth and the post-partum period are treated as a time of vulnerability for both mother and child, if not for the entire family or wider community (Jordan 1983). This has led to the development of practices and beliefs which help to deal with the "existential uncertainty associated with birth" (Jordan 1983: 2) or "to facilitate the changing of condition without violent social disruptions" (van Gennep 1960: 48). Many traditional social practices and techniques associated with parturition have become subject to the influence of biomedicine (see, for example, MacCormack and Draper 1987). At the same time, western obstetricians are themselves under pressure to adapt to

the views of lay people who have different understandings of reproductive processes (Jordan 1983). The biomedical model, for example, can be characterised as one which constructs parturition as pathological process (cf Davidson 1987) and opposed to a lay model which focuses on pregnancy and birth as 'natural' processes (Roberts 1984). Furthermore, a trend can be observed among some medical sociologists and birth activists in which those models of reproduction which emphasise its 'naturalness' are privileged.² Within this trend, what is 'natural' is often left unexplored.

While it has been argued that 'nature' is a cultural construct (Schneider 1972), western ideas about 'nature' have often been concerned with our primate origins (MacCormack 1980), or the way the body functions (Jordanova 1980). It is assumed that 'nature' is 'the way of things', the unmiraculous, or what happens without human intervention. On the basis that what is regarded as 'natural' is a cultural construction, it may be instructive to examine what is perceived to be 'natural' about reproductive processes.

A number of informants suggested that 'nature' was something that should be unknowable or beyond grasp. One 27 year-old, Church of England manager thought, for example, that to bring about conception outside the body, as with *in vitro* fertilisation, was acceptable. However, "if they start messing around with nature and develop clones - if it goes deeper than that - I think you have to draw the line" (my emphasis). Katy's view of the 'natural' refers not only to the way

things have always happened but, additionally, to the supernatural.

Significantly, she regards the 'natural' processes of pregnancy and birth as 'mysterious' and 'magical'. For instance:

- K: Amazing really, when you think about how you make a baby and how quickly it becomes a baby from when you conceive. You know, its just a mass of cells and then it develops and you've got a baby! I think it's quite mysterious. Magical really.
- J: Does it bother you that with *in vitro* fertilisation that you can see (conception) happening, that it's outside the body?
- K: Yes, because it's not natural when it happens outside. It's just not done naturally. I don't know, I feel that something could go wrong as well, because it's kind of being *touched* isn't it, or tampered with, so for me, there'd be a fear that something could go wrong.

This perception of what is 'natural' as unknowable or beyond grasp - both physically and cognitively - appears to play an important part in many informants 'personal' knowledge concerning procreation (see 6.3).

The 'naturalness' of birth propounded by western birth activists within the 'natural childbirth' movement shares similarities with this view, in so far as understanding what is 'natural' as that which occurs without medical intervention. It is, however, paradoxical that the cause of 'natural' childbirth is championed by *doctors* such as Michel Odent, among others, who have made 'natural childbirth' their specialty. Moreover, as Martin has pointed out,

[i]t is ironic that Odent's efforts to give birthing back to women occur at the cost of reasserting a view of women as animal-like, part of nature, not culture...we would do well to realise that his views share a lot with those nineteenth century writers who relegated women to the 'natural' realm of the domestic (1987:164).

6.2) The social relations of reproduction

The western oppositions that identify women with nature and men with culture have been evident in a further dichotomy which is said to have been constructed by the elite of the medical profession; a dichotomy of male strength versus female vulnerability (Jordanova 1980:45). The definition of women as biologically vulnerable (and thus unhealthy) has been viewed as instrumental in the subordination of women by men (Ehrenreich and English 1973), and in the evolution of women's health care, so that the control of ante-natal care and birth has shifted from women to doctors who are usually male (Oakley 1976; Versluisen 1981).³

Callaway (1978:173) argues that there is nothing unique about the male control of reproductive processes seen in western culture, referring to hierarchical systems of divination and healing in other cultures, where it is traditionally men who are called on when pregnancy and birth is less than straightforward -for example, with difficult births or instances of apparent infertility. Nonetheless, what is clearly occurring within western culture is a greater involvement of men in what have traditionally been regarded as female spheres, not only in the management of pregnancy and labour, but in the sense of the 'couvade'.⁴ For example, more male partners seem to wish to be involved in the day-to-day experience of pregnancy as well as being present during childbirth. One informant, a 24 year old manager, put this as follows:

I think especially nowadays when (men) have become so involved in the pregnancy, their role is to help and support throughout the pregnancy...being there at the birth and being made to feel that they're carrying that child too, even though it's not in their body. I think that their's is a joint, 50/50 role. (my emphasis)⁵

The apparently increased emphasis on male involvement during pregnancy and childbirth is reflected in the suggestion that men should become more conscious of their *rights* in relation to childbirth.⁶ Smart (1987) also finds increased demands by men for greater legal control over children are mirrored by shifts in policy that decrease the legal status of mothers. This increased emphasis on fatherhood has been seen to underlie the current development of reproductive technologies (see 6.7 and 6.13 for further discussion). Moreover, many feminist writers have remarked on the number of photographs appearing in the media of 'test-tube' babies in the arms of their mother's obstetrician, as opposed to the arms of their parents (see, for example, Pfeffer 1987; Direcks and Holmes 1986; Oakley 1987)⁷, seeing this as a new twist in medical paternalism.

Whether we are witnessing a new and more rampant form of appropriation of women's reproductive potential or whether it is merely a diversification of previous arrangements that is simply made possible by new technologies is an issue beyond the scope of this thesis. What is clear is that the social relations of reproduction are shifting. However, my principal concern is to explore a complex of notions or meanings associated with procreation that are indirectly linked to the social relations of reproduction.

6.3) Procreation

Cultural perceptions of pregnancy and birth represent aspects of a much wider complex that I shall refer to as 'procreation'. In this I partly follow Delaney (1986) who uses the term to include understandings of the way life comes into being, what the person is and how persons are related to each other.²⁸ Also useful here is the work of O'Brien (1981) who argues that what is portrayed in textbooks of obstetrics and gynaecology is much closer to what happens in male reproductive experience, despite the fact that such texts are dealing with female reproductive experience:

What we find is the the whole process of reproduction is separated in arbitrary way from the historical, experienced reality of genderic relationships, of species continuity and of the social relations of reproduction. It becomes an abstract process, just as paternity is essentially an abstract process. (1981: 46)

Instead of treating reproduction as a neat, unilinear process, O'Brien proposes a different language to emphasise the dialectical nature of reproduction and thus refers to the identifiable and important points in reproductive process as 'moments'; the moments of menstruation, ovulation, copulation, alienation, conception, gestation, labour, birth, appropriation, and nurture²⁹. The distinctions are important in that most moments are involuntary, with copulation seen by O'Brien as a "halfway house" in that it at least ought to be controlled by human effort. Furthermore, alienation and appropriation are male moments, copulation and nurture are moments shared by the sexes, while the rest are "women's moments". These 'women's moments' are then further differentiated:

Ovulation and conception are not tangible moments; they are not only involuntary, but are not immediately apprehended by consciousness.....When we speak of voluntary and involuntary moments, we have entered the realm of human will. When we speak of

copulation and nurture, we speak of social relations. When we speak of appropriation, we speak of a relationship of dominance and control. Clearly, there is much more to reproduction than meets a narrow physiological eye (ibid:48).

O'Brien has suggested that reproductive processes are dialectical structures, instances of separation, unification and transformation and that this dialectical form is carried into the social relations that emerge from these processes. Hence "[r]eproductive experience is differentiated at its most fundamental level in terms of gender: the opposition in question is the male/female opposition" (1981:44). Male reproductive consciousness is such that it is fragmented, discontinuous and premised on exteriority. In contrast, women's reproductive consciousness is characterised as continuous, integrative and founded on interiority (1981: 59). Callaway makes a similar point when she says "Procreation for a man is momentary and external to him, while for a woman it lasts for a long period and is internal" (1978:165).

I would like to take O'Brien's concept of a reproductive consciousness a step further and propose a procreative consciousness. This too is a way of knowing and being that is informed by gender but it refers not only to the processes of reproduction and the social relationships that emerge from these but, in addition, to the breadth of issues covered by Delaney's definition of procreation. Moreover, I shall suggest that procreative consciousness is largely constituted by a form of knowledge that has been described by Polyani (1958) as 'personal' or 'ineffable'.

Polyani (1958) has used these terms to describe aspects of scientific knowledge, stating that western science is more dependent on perception, intuition and imagination than is generally acknowledged. He suggests that, even though it is possible to explain separately the elements or particulars that constitute a whole, the relationship between those elements may escape description. Topographical anatomy provides a good example of this. Medical training begins with the learning of lists of bones, muscles, and organs which constitute a system. These parts of the body may be learnt relatively easily from diagrammatic representations but the three-dimensional relationship between them as they are within the body cannot be adequately represented in this form. Even dissection, which directly reveals an anatomical part or region, cannot demonstrate more than one aspect of that region; it is left to the imagination to reconstruct from the experience of dissection the picture of the exposed area as it existed in the unopened body and to understand the relations of this area with neighbouring regions. The leap from representations of the body's parts to a knowledge of the spatial arrangement existing between these parts is what Polyani has described as "ineffable thought".¹⁰

In accordance with this view I suggest that, while informants may be able to describe elements of reproduction (such as the anatomical structures and processes, the role of the male or the female or even something of the nature of the resulting child), the relationships between these various elements - that is, the relationships which constitute them as a whole - are 'ineffable'.

This is slightly different to the experiential knowledge that, for example, Graham and Oakley (1981) have referred to and which is a knowledge of one or more of the *elements* of procreation. Katy describes this kind of experiential knowledge when she talks about her three pregnancies in the following terms;

Your body's changing. With me especially, I'm really sick and then about the thirteenth week; its like magic. I know that by the thirteenth week that's going to ease. I don't think thats psychological. And then at sixteen weeks my waist goes - I mean your bust gets bigger and tender right from the beginning. Also with me, with all of them [her children], I've known I've been pregnant *before* I've been two weeks late with my period. I know I'm pregnant even though I don't have any nausea. And then as soon as I hit fourteen days the nausea starts.

Katy describes this awareness of pregnancy as 'just a feeling that you have'.

A more apt example of the intuitive or imaginative nature of Katy's knowledge can be found within a discussion we had that began with a request of Katy to explain her relationship with her mother. This was an attempt to discover how mothers and daughters were understood to be 'related', rather than an enquiry into the personal dynamics existing between Katy and her own mother. Katy began by answering "I'd explain that I *came from* her. I *came from* inside her." It then transpired that she would describe the relationship with her father in similar terms.

Really, you have been inside your father. You was his sperm, wasn't you ...you need the sperm to *make* the egg. You've been inside your father and he's put you into...so you've been inside both your parents...He's put you inside of your mother and that's where you grow..until you're ready to be born. That's how I would explain it to William and Sam - that they *came from* Daddy and Daddy gave them to me and I looked after them and grew them and then they were born.

Here we see very clearly that Katy's model of procreation includes the idea that the male provides the basis of a new human being and this entity is then nurtured by the female. Katy *additionally* holds the view that a child's genetic substance is constituted equally by its father and mother. For example, when Katy remarked on the similarity in appearance and mannerisms between all her children, and between her children and their father, I asked her how these similarities came about. She replied

Oh, I think just from the parents. I mean, all the sperm that Barry has must be kind of similar and all the eggs that I have must be similar, so I think that every time you make a baby it's a bit of you and a bit of him - and they do definitely look like their parents.^{11, 12}

However, as one of the few mothers in the study, Katy makes it clear that, despite her evident recognition of male input in procreation, she perceives that she has a greater link to her children than their father, saying "They're mine. Barry gets angry when I say that; he says "They're ours" ...I always say "my babies". Significantly, the basis of Katy's 'stronger' ties with the children lies within the nurture she has given and continues to give them. For example:

- J: So you think they (the children) are more yours than Barry's?
K: Definitely...if anything were to happen to Barry and me then they'd be with me and stay with me....Because they would be better with me. I can give them so much more than Barry can in affection ways. I don't know, I just think that children need their mother more. [Barry] couldn't look after the children the way I do.

In reply to the question of whether carrying the children for nine months contributed to her greater claim to the children, Katy replied rather half-heartedly that she "suppose[d] so". She added much more confidently (despite searching for words),

I know fathers love their children, but there's a kind of a.. how can I say this...I think there's a stronger kind of a bond with a mother and her children than with a father and his children. As much as I know Barry loves the kids, which he does - he idolises them - I still tend to worry about them more....it's hard to put into words what I mean....I just feel that, God forbid, if anything was ever to happen to one of them, I think that [Barry] could cope with it better than I could. I mean, obviously he'd be devastated, but he could still cope with it better than I could. It's a strange feeling. Maybe as they get older.....

Thus the 'bond' Katy referred to implied a difference in the type and intensity of a child's relationship with his or her father and mother. Moreover, it bears some similarity to the 'closeness' Katy referred to between herself and her children during breastfeeding when "it's like they are you". She made this point again in a later conversation,

I could honestly say I'd do anything for my children, anything [but] I don't know what makes a person do it. I suppose [Jo's] a part of me....you can't put it into words. There is such a bond there. If someone were to hurt them it would be worse than if they hurt you - absolutely worse. You haven't got that bond with anyone else.

Katy understood 'bond' in terms of 'closeness'. For example, asked what she would say about 'closeness' and her children, Katy replied "extrememly close....What frightens me, and it really does scare me, is that something happens through the years to change that bonding."

Katy's 'procreative consciousness' therefore seems to include not only a concept of how life comes into being but a sense of the continuing relationship between herself and her child, who initially is more or less the 'same' as herself but, with time, becomes more 'other' (this point will be examined further in Chapter Seven). O'Brien contrasts this kind of reproductive experience with that of the "alienation" characteristic of male reproductive experience.¹³ Male reproductive consciousness is, according to O'Brien, a consciousness of discontinuity (1981: 53), a discontinuity which underlies the uncertainty of the genitor.¹⁴

Significantly, O'Brien does not refer to the genitor, only to 'paternity', defining this as an abstract idea; "the conceptualisation of a cause and effect relationship, the relationship between copulation and childbirth" (1981: 30). Elsewhere, however, she states that paternity is "not a natural relationship to a child, but a right to a child" (1981: 54). In other words, O'Brien - like many other writers - uses 'paternity' interchangeably to refer to biological and socio-legal relationships. For the sake of clarity, I shall refer to a child's putative biological father as the genitor, while 'paternity' will refer to the legally recognised parental relationship between a man and a child.

O'Brien claims that, in resisting the alienation of their seed, men have claimed superior procreative potential for 'a sanctified sperm' (1981: 48). Since Aristotle there have been suggestions in western

society that women contribute only 'material' while men contribute spirit or soul or some other human essence. Hence the idea of 'potency' goes far beyond the mere capacity to 'impregnate';

Potency is a masculine triumph over men's natural alienation from the process of reproduction...Potency is the name men have given to their historically-wrought success in mediating experienced contradictions in their reproductive consciousness. (O'Brien 1981: 49)

Not only does O'Brien suggest that the involuntary mechanics of ovulation and conception remain abstract in terms of male reproductive consciousness, but that 'masculine science and speculation' order the way these 'moments' are perceived according to masculine needs.

The work of Pfeffer (1985) is relevant here. She has argued, for example, that female fertility is measured by an event (a conception) which occurs in the presence of female passivity, whereas male fertility is conceptualised as a fertilising capacity, a potential (1985). Significantly, men's sperm are depicted as having agency. Pfeffer traces the idea that sperm are individual actors responsible for fertility back to Leeuwenhoek who in the seventeenth century was the first person to see and describe the male gamete. His observation led to a belief that each sperm contained the 'homunculus' which grew to maturity when placed in the uterus of the female. As Pfeffer points out, very similar assumptions appear to inform our perception of male fertility today. Medical texts imply the capacity of sperm for independent, purposeful existence despite findings by reproductive physiologists that it is probably the structural and mechanical features of the female reproductive system which directs the passage of spermatozoa to the ovum (1985: 39- 40).¹⁵

It is also relevant that many of the debates concerning reproduction focus on definitions and treatment concerning *women* (Pfeffer 1985). Pfeffer suggests that what has, for the most part, been ignored is an assumption within (and, often, I would add, without) the medical model of reproduction that the male reproductive system is vastly more efficient than the female. Such physiological efficiency is something of an illusion however; evidence of male pathology exists but is obscured as, for example, there is no medical specialty for diseases of the male reproductive system; the existence of these diseases is camouflaged by their incorporation into the specialty of urology. Moreover, the apparent simplicity of the male system may reflect little more than the lack of research that it has attracted (Pfeffer 1985).¹⁵

This tendency to minimise the complexity of the male reproductive tract is also evident among my informants. Sixteen informants' drawings of the masculine and feminine body (see Appendix: Drawing Series D and E) were discussed in Chapter Four (see Chapter 4.10). These suggested that the masculine body is largely defined by informants through the external organs of sex and reproduction. In contrast, drawings of the male reproductive structures (see Appendix: Drawings Series C) made little reference to internal structures. Working on the basis that the penis and scrotum are 'external' but that the urethra or stored spermatozoa may be described as 'internal', I found that six women omitted all male internal structures from their drawings. Two of these informants left the page blank, saying, for example that "they hadn't a clue" what the male internal structures of reproduction were. In contrast, the vast majority of informants drew a complex of female

internal reproductive structures (see Appendix: Drawings Series B), but less often referred to external organs of sex and reproduction, such as the labia or clitoris (see Appendix: Drawings Series E). This trend reflects a bias (within, for example, family planning literature or school education) towards making only the female reproductive system evident and implicitly problematic.

These findings concerning the potency and efficiency of male reproduction and the passivity and pathology of female reproduction support the argument that birth, as with other categories such as death or marriage, provides a focus for social strategies which both help define and reinforce the classifications of male and female (Callaway 1978: 164). Moreover, to be female is to be immediately identified with biological reproduction: to bear a child is the most essentially female function while, in contrast, male identity is proclaimed predominantly through men's activities in the public sphere rather than through fatherhood (1978). The reproductive system is the only physiological system that is different between women and men and therefore lies at the centre of the debate about gender (Pfeffer 1985). Pfeffer argues that gender stereotypes are reproduced by assigning a passive role to the female and an active role to the male in conception. The view of procreation as echoing gender relations is evident among informants. This was initially seen in Chapter Three in the context of a parallel between the male and female roles implicit in the Virgin Birth and in mundane reproduction (see Chapter 2.5 and 2.6). As reiterated in this chapter, it is suggested in Chapter Four that informants' drawings of male and female reproductive structures indicate that they uphold the

multi-faceted model of procreation in which men initiate and women nurture (see Chapter 4.10). The following section presents further evidence within informant's drawings of the importance of gestation and nurturance, in the light of MacCormack and Draper's work.

MacCormack and Draper (1987) asked 268 Jamaican women to draw the female reproductive system as part of a study of the links between self affirmation of adulthood and sexuality and birth. They found that these women's drawings almost always showed the uterus as large (that is, taking up most of the abdominal space) while the vagina was shown to be relatively small. The authors suggest that this emphasis on the uterus reflects the close association of women's social strength with the bearing and raising of children. In contrast, they found British and American university students emphasised the vagina (often drawing it in considerable detail) but depicted the other reproductive structures in a rather rudimentary fashion.

Unfortunately we are not given any details of these students. It is not clear, for example, if the students are male or female, or how closely they might identify with a biomedical model because of the nature of their studies. We know only that one informant is a British medical student and one an anthropology student in America. It is therefore difficult to make any useful comment as to why these drawings should be different to those of my informants.

Of these (see Appendix: Drawings Series B), many place a greater emphasis on the uterus, fallopian tubes and ovaries than on the vagina. For example, all sixteen informants make some reference to the uterus in their drawings while only seven make any unambiguous reference to the vagina. Three women make no reference at all to the vagina and a further three make no drawing of the vagina but label it nonetheless. One woman draws a passage from the uterus to the outside of the body and labels this as the 'urethra' and another draws what appears to be pubic hair which she labels as 'vagina'.

These results may be influenced by the context in which the drawings were obtained; virtually all informants were attending a family planning clinic. The majority were therefore sexually active (or considering becoming so), and had not, however, experienced pregnancy. It might be expected then that these women would emphasise the sexual rather than the reproductive aspect of the female body. However, not only was the vagina drawn less often or less emphatically than the other structures, but the external genitalia were not referred to by any informants (unless 'vagina' is used to denote the labia, as it appears to be on occasion). This stands in stark contrast to the emphasis on external organs in drawings of the male reproductive body and the absence of any elaboration of the male internal structures. This finding endorses the suggestion regarding the importance of exteriority attached to male procreation and of interiority in the case of female procreation (see Callaway 1978; O'Brien 1981). It also suggests, along the lines of MacCormack and Draper's analysis (see 1987:146), that the carrying of a child plays an important part in attaining womanhood.¹⁷

A range of data has been presented so far which suggests that gestation and nurturance represent significant aspects of the female role in procreation, and that this role is more than the mere 'passivity' suggested by the Aristotelian model of male seed/female vessel. This finding supports the work of Rich (1977: 98) who describes women's 'inner space' not as a passive receptacle but "transformative, "active" or "powerful".¹⁸ The active nature of this role might be described as a female potency but of a different sort to that proposed by O'Brien, who says that pregnancy and menstruation are the visible signs of female potency, of the unity of potential and actual (1981:50). Her analysis refers to reproductive processes whereas I refer to procreative ones. The significance of gestation and nurture as a central tenet of informants' understandings of motherhood and their overall model of procreation will become clearer later, especially in the discussion of surrogate motherhood.

6.4) Motherhood

Chapter One described how, in western thought, women are widely perceived to be more closely linked to the 'natural' than men through their reproductive function (see, for example, Ortner 1974). Moreover, motherhood is assumed to be consistently central to the lives of women and that its universal characteristics play a significant role in determining other features of women's work and status (Lewin 1985). Firestone (1971), for example, perceives gender inequality (or "sex class") and the understanding of woman as 'other' to stem from women's role in reproduction. Equality for women can therefore only be brought about through the introduction of artificial reproduction controlled by women. Others, such as Chodorow (1974) identify women's "universal" secondary status with the role of mothering. Because women breastfeed babies, they are more readily available to provide other forms of care. The task of mothering is therefore allotted to women as a matter of convenience rather than necessity. For writers such as Chodorow, therefore, gender equality can be brought about through the reorganisation of parenting and the equal involvement of men and women.

The concept of 'mother' is not only formed by natural processes such as pregnancy, birth and lactation but, as, for example, the practice of adoption has long shown, is also a social, historical, cultural and political construction². However, this point seems to have escaped many anthropologists, even though the institution of 'father' has been challenged. As Moore puts it,

In separating the father from the mother-child unit, contemporary anthropology has stressed the difference between motherhood and fatherhood, and has reinforced the idea that 'mother' is the kin relationship most expressive of biological fact. The relationship

between mother and child is particularly 'natural' because of the indisputable fact that the woman in question has given birth to the child. (1988:24)

This is a strange admission in the context of the development of new reproductive technologies (see 6.7 and 6.12 below) which are causing many non-anthropologists to consider the 'naturalness' of the mother-child relationship and to query the very concept of 'mother'.²⁰

The concept of 'mother' is not merely given in natural processes, nor is it simply a matter of cultural diversity in the way that women act as mothers - for example, whether a mother is ideally warm and loving or remote and authoritarian in any culture. As Moore argues, it is also a question of the extent to which the category of 'woman' in any culture is linked to perceived attributes of motherhood, such as nurturance (Moore 1988: 25). Indeed, in a large number of societies, the concept of 'woman' is not elaborated through ideas about motherhood, fertility, nurturance or reproduction (Collier and Rosaldo 1981).

Western understandings of motherhood

In western culture, the overlap between the categories of 'woman' and 'mother' is considerable. Ideas about women are strongly linked to ideas about marriage, family, the domestic sphere and children so that the definition of 'woman' comes to be highly dependent on the concept of 'mother' (Moore 1988:25). Antonis (1981) claims that motherhood is the chief occupation for which girls are reared. As Rich has said,

We are seen primarily as mothers; all mothers are expected to experience motherhood unambiguously and in accord with patriarchal values and the "non-mothering" woman is seen as deviant. (1979:197)

However, while it is assumed both in medical and popular ideologies that all women want to bear children, single women, lesbian women and disabled women are expected to forgo this experience in the interests of the child (Stanworth 1987b). To deliberately conceive a child outside of marriage is regarded as 'selfish', just as it is 'selfish' to deliberately avoid childbearing within marriage (Grundberg and Dowrick 1980).

Macintyre (1976) wryly suggested that among health professionals, the 'selfishness' of the unmarried mother becomes transformed by marriage into 'maternal instinct'. Many health workers, she argues, assume that married women will want children and that pregnancy, when it occurs, will be a welcome state. Married women will therefore be unlikely to request a termination of pregnancy or to express ambivalence towards the prospect of bearing a child. At the same time, it is assumed that childlessness in married women is involuntary and that, in the absence of conception, married women will eventually seek clinical investigation. Unmarried women, however, are thought to have a less powerful 'maternal instinct'; they will not become pregnant, or if they do so, they will seek abortion. For such women to continue with a pregnancy and not offer the child for adoption represents selfish and aberrant behaviour. According to this presumption, suspected infertility in a woman without a longstanding heterosexual relationship does not warrant investigation. These contrasting assumptions suggest that the 'maternal instinct', although widely understood to be a 'natural' phenomenon, is influenced by the social event of marriage. These assumptions should also be viewed in the light of the fact that,

in England and Wales during 1985, almost one live birth in five occurred outside marriage (OPCS 1986).

Rothman observes that selfishness is the most hurtful accusation which can be hurled at mothers; women in general, but mothers in particular, are understood as 'good' in as much as they are prepared to be caring and giving; "[m]en and women both learn that women's needs are less important, that women's needs, and especially mothers' needs, come second, if not at all" (1988:239).

Katy made this clear in a remark she made about her desire for a daughter. She believed that a daughter would be more a part of her, and would be more of a friend in adult life than a son.²¹ To want a daughter was, however, a selfish wish, as it was wanting something for herself. On the other hand, Katy believed that women who did not have children were selfish. However, this was not on the grounds elaborated by Grundberg and Dowrick (see above), but because women without children *become* selfish;

I think if you haven't got children you're very self-centred because you haven't really got anyone to think of but yourself.. I know quite a few people who haven't had children and they are...not so much when they're young but when they're older; I think it must be a build up of years of thinking just me, me, me.

Here Katy refers to 'people' without children, but the specific examples she gave later were all women.

As Oakley has remarked, femininity and motherhood are closely linked in western culture (1979). Mothers represent the feminine woman *par excellence*, not only through having their children obediently within marriage or through always subjugating their own needs to those of others; health promotion literature, at least on occasion, has portrayed the pregnant woman as having "reached the pinnacle of femininity" (Graham 1977). Gynaecologists and obstetricians perceive themselves not only as experts in female pathology but in what is feminine (Scully and Bart 1973). Significantly, many of my informants associated womanhood more closely with becoming a mother than with other socio-physiological events, such as menarche or the loss of virginity.²²

Women, mothers and nurturance

In a discussion of motherhood it is important to remember that there is a clear distinction between the uniquely female processes of gestation and childbirth on the one hand and 'mothering' - that is, nurturing and caring for others - on the other; there is nothing to restrict mothering to the female sex (Chodorow 1979; Dinnerstein 1987). Despite the widespread belief in an innate 'maternal instinct' among women, (that is, of an individualistic desire for childbearing and an inborn ability for the care of children), a woman who has no experience of young children will not know how to feed and care for a newborn baby (Antonis 1981). 'Mothering' is often assumed to be the exclusive province of women but, as Shaw and Darling observe,

[because we would like to believe in the sanctity of motherhood, we may be loath to admit that maternalism, as defined as caretaking behaviour, is not biologically programmed in the genes of the female (1985:13).

They suggest that females among animals and humans take on the caretaking role simply because they are the ones who are there when a baby is born.

The children's nanny has been identified as an apt phenomenon to demonstrate the social nature of 'mothering' (Drummond 1978) and the relationship between the categories of 'woman' and 'mother' (Moore 1988).²³ Depending on the way 'mothering' is defined, a 'surrogate mother', such as a nanny, might be considered more of a 'mother' to the child in her charge than her mistress might be; it was the nanny who was most readily available to play, to feed and clothe, to instruct, to discipline and to comfort the child. Thus, according to Drummond (1978), there is a difference between the 'real' mother beloved by genealogists and the 'cultural unit' of mother. Drummond suggests the cultural unit in England during the heyday of the nanny incorporated a number of women, including women of very different class backgrounds. It now seems that, in the era of the new reproductive technologies, the cultural unit of 'mother' may again include two or more women, quite possibly of very different socio-economic class (see section 7 for a fuller discussion).

The employment of nannies by upper-class women was not seen as a dereliction of maternal duty in the nineteenth and early twentieth centuries. However, since the 1950's, the charge of neglect has, to a greater or lesser extent, been levelled against mothers needing or wishing to find work beyond the domestic sphere. The work of Bowlby (see, for example, 1951) has been viewed as instrumental in encouraging

mothers to provide full-time child care or risk long term, detrimental effects on their child's psycho-social development. However, Riley (1979) has suggested that this focus on the mother-child relationship should be seen as part of a broader post-war social philosophy concerning the necessity to open up the family to intervention, and a part of the development of a welfare state. Such a 'benevolent' intrusion into what had previously been perceived as a private sphere was accomplished by targeting the housewife and mother as the 'heart' of the family and by emphasising her need for training in this central role (Riley 1979). Hence, as Drummond (1978) has said, it is necessary to ask "What is a mother in culture X?" in a way which locates the concept of 'mother' amid others, if a coherent picture is to be formed. With this in mind, it is relevant to consider what is meant by the concept of the child.

6.5) Perceptions of children and childhood

Just as mothers and mothering have been variously understood historically and cross-culturally, so too have children²⁴. While it is easy to assume that childhood is a category fixed by certain biological and psychological facts, it should be recognised as a largely social construct (Freeman 1983). The different notions of childhood throughout western history help to demonstrate this point but there is also some dispute among historians as to the nature of childhood through the ages.²⁵

According to Freeman (1983), the modern, western notion of the child associates him or her with all sorts of negative qualities, such as weakness, irrationality or pre-logicism and imbecility. Foucault has made the observation that "[m]adness is childhood" (1967:252). Hughes (1988) puts this rather differently in stating that children today, along with others such as women, animals, slaves, and the insane, belong to a certain class of being, the 'not men', and share a certain irrationality. This raises the possibility that the understanding of children as part of the extended self (see Chapter Five) may be an experience confined to women. Moreover, this may be a uniquely feminine experience for a *number* of reasons and not, that is, simply the consequence of a division of reproductive labour.

Freeman suggests that while childrearing is apparently now more permissive among all sections of the population than in the past, certain elements of earlier philosophies remain (1983). For example, the child is still understood more as property than as person, and the

autonomy of parents (especially fathers) is emphasised (ibid).²⁶ Overall posits that, if children are a commodity, it becomes important to obtain one's own. Children - that is, other people's children - cannot be appreciated for their own sake; it becomes important to possess one or more of one's own (1987). To be infertile therefore is not to lack the opportunity to spend time with children *per se* but to miss the chance to possess one. Ownership is interpreted in terms of genetic ties with the child (Overall 1987). This view, Overall believes, is more prevalent among men who especially cast children as the means to genetic continuity (see also Snowden et al 1983). Rothman (1986) has also suggested that, for men in particular, parenthood means genetic parenthood; fathers generally do so little parenting they have scant opportunity to become social fathers, hence they are more dependant on an assumed genetic relationship than mothers in defining their relationship with a child.

We should not lose sight of the fact that many writers have referred to the negative value that is attributed to children. It has been argued, for example, that contemporary ideas about childhood have developed, not through contact between adults and children, but through the lack of it (Farson 1978) and that western childhood is designed to fit the needs of adults rather than children (Holt 1974). Greer suggests that in western culture we do not like children:

[t]he modern Western infant is wanted by fewer people than any infants in our long history - not only by fewer parents but by smaller groups of people (1984:2).

She supports this statement by pointing to the lack of public facilities for children, the isolation of those who care for them and the value

placed on the female body in which the hips are narrow and the breasts are small - that is to say on the female body that denies fecundity. Overall (1987), however, refers to this kind of argument as 'exaggeration'; failing to take into account the needs of children, she points out, cannot necessarily be interpreted as a hostility towards them. If it is indeed the case that children are not highly esteemed, the current emphasis on reproductive technology appears paradoxical. It might suggest that it is not children *per se* who are wanted, but that they represent the means of fulfilling some other desire.²⁷ Nonetheless, the status of children in English society has changed in the late part of the twentieth century in that the welfare of children for the first time begins to take precedence over the legal rights of parents (Smart 1987: 109).

Reasons for having a child

Why do people have children? The reasons people give for wanting to become parents or to have a child appear to vary tremendously. A couple's agreement to have a child together has been seen as an assumption underlying most marriages (Woollett 1985). Pfeffer and Woollett (1983) found among women they interviewed that women sometimes wanted a child who would be a reflection of themselves. Some women wanted to experience pregnancy and childbirth, to 'bear a child'. For some men and women having children represented a sense of achievement, although precisely what was achieved appeared to be understood differently according to sex. One man, for example, referred to a son as an extension of his own male power. Another saw a child to be proof that a man was a fully sexual person. In other words there was a

conflation between fertility and sexuality. Among women, there was an explicit link between fertility and femininity - 'real' women were understood as fruitful. Motherhood was seen to confer new status, one that was female and adult. Some women saw a child as a tangible product of a couple's life together. One woman indicated the importance of giving birth herself as she said of her adopted daughter; "I wish she had come out of my body".

Those of my informants who wanted children found it difficult to articulate why they did so, but a number of suggestions were offered. For example, children were seen as the bringers of love, happiness and pleasure. As the 32 year-old barmaid with a history of ectopic pregnancy said,

I always thought I didn't (want children) - all the way through my twenties I thought I could manage without them. But having seen how much pleasure my father has derived from having a new, young family (because I was an only child), I never actually realised what family life was like or could be like. I think if I don't have children that I'll be missing something.

Having children was also seen as an act of creation and continuity: A 26 year-old midwife stated, for instance, that "[children] keep the continuity going in a way....It's something that you've created, that you're giving to as well." A 27 year-old, married manager said "It's an extension of the family I suppose. I'd like to have something that's a part of myself and my husband, to have something that we've made together." One 37 year-old company director with two children observed that what was important about having children was "the fact that a child's a bit of him and a bit of me." But this dual aspect of the

child does not necessarily refer to genetic constitution. For example, a 24 year-old manager thought "It would be nice to have something between us. To say 'a symbol of our love' sounds terribly crass...but it works."

An assumption that having children was central to marriage (or its common law equivalent) was made explicit by a 26 year-old public relations officer.

I'd feel actually very guilty not being able to conceive. I've thought about this especially because he wants children and I would feel that I wasn't worth as much if I couldn't conceive in our relationship together because I wouldn't be able to contribute a definite part of what we would be planning our life around together. If I couldn't deliver that, it would be a major upset and a major rethink of the whole relationship.

Other reasons included providing life with some purpose; having children meant having done something with one's life. Alternatively, having children, for one 30 year-old nurse, meant fulfilling the body's purpose in that, if she did not have children "I'd feel I'd missed out something as being a woman, [that] I hadn't used my body to its full extent."

Several informants referred to having children in terms of 'closeness'. An administrative assistant of 21 years said "Of course I don't know what I'd be like if I did have children. It's something I've always wanted. I've always wanted to be close to someone - just us two and then make something else." Similarly a 28 year-old distribution assistant observed that "I think I just want children the same way any woman wants children...[for] the closeness of children. I wouldn't like

to be an old lady without children." The theme of wanting children as a means of support in later life was a relatively common one. The 24 year-old manager said, for instance, "I know I look after Mum and Dad now and I like to think somebody's going to look after me when I get older. I mean, it's the fact of not being lonely."

As to why Katy wanted children, part of her answer was concerned with long-term support. While she had a desire for her *own* family, a "little family within a family", she also recognised the benefits of a younger generation of 'family':

"I think for when I'm older as well. I think it will be lovely when I'm older. I'd hate to be like Joan [her widowed step-mother]. Really, she's got no-one. It's nice to beto have your grown-up children and you know that you've got family there. Especially for me because I haven't got brothers and sisters. So to know that I've got three children - maybe four - would be lovely. Because they're always there should you need them. I've got this great thing about....you can always turn to your family. You know, touch wood, if our house burnt down and we were completely homeless, it would be someone in the family that took us in, nobody else, no matter how cramped it would be. And when I say this I'm talking about both sides; I'm talking about Barry's family and mine. [Family] do things for you that other people just wouldn't want to do - apart from for *their own* family.

However, children were not only seen in terms of extending the network of support provided by family. As suggested in Chapter Five and earlier in this chapter (section 6.3), Katy clearly refers to her children not only as 'close' but as a part of herself. This sense of the child as self was hinted at by other informants. For example, the 24 year-old manager said "I think sometimes children are a very *self* thing - it's very selfish - well it's not selfish but it's very much a personal reason for wanting to have them."

The idea of the child initially as 'self' contradicts a comment by Drummond who suggests

"[the birth of a child] is a dramatic intrusion by a non-cultural being into the heart of the domestic sphere. A woman, in nurturing and protecting that being, establishes a perilous conjunction between opposites: a fully human adult becomes intimate with a non-human, even anti-human, form (1978: 31).

Drummond not only suggests a set of dichotomies along the lines of nature: culture:: child: woman,²⁸ but additionally argues that these dichotomies provide the basis for an ontological argument that the mother-child relationship is a self-other opposition. However, while the developing child may progressively learn to distinguish itself from its mother (see informants understanding of the development of personhood: Chapter 3.2), nothing in my informants' comments suggests that mothers perceive their babies as 'other'. If anything, children were portrayed as ambiguously part of self. This perception may, in turn, be linked with other statements about parenthood, in which children are considered in terms of the role a parent plays in 'raising' them. As one 20 year-old student put it:

For me (wanting children) is just the thought of having something to bring up. I don't care if it's mine or not! I suppose it's because of the way I was brought up and I feel I want to do it myself.

Such links between the mother and child as an extended self and the process of 'bringing up' a child will be explored in greater detail in Chapter Seven.

Finally, one point that consistently arose when talking to informants about children was an assumption that most women strongly desire to have children - even if this was not the case for the informant herself.²⁹ Moreover, it was understood that, among those

women who had decided on parenthood, those who had difficulty in conceiving would become 'desperate'. For example, one 30 year-old nurse opined that "if you look at childless couples, they are so desperate to have a child that they'll go to any lengths."

Katy painted a similar picture of the infertile. While she had reservations about the development of reproductive technology, she added

...but then, if you think about people who can't have children and are desperate and its affecting their whole life and they're so sad and miserable, it's easy for me to sit back and say it shouldn't be done, because I've got children. But I'm sure if I didn't have children I would try anything.

Desperation was therefore viewed as understandable and, in itself, provided strong justification for the development of reproductive technologies such as *in vitro* fertilisation. Desperateness was referred to more often as a *raison d'etre* for the technology than, for example, disrupting the transmission of inherited disease.

6.6) Infertility

Infertility is a self-imposed definition in as much as there is no standard recognition of the normal length of time it takes to become pregnant. The point at which frustration is acknowledged will vary, as will the response to such frustration. Seeking medical advice is only one of a number of options which include, for example, applying to adopt a child or mourning the loss of a potential relationship (Woollett 1985). The choice of options is influenced by the social perceptions attending a variety of factors such as age, marital status, class, and ethnic background, yet these social factors are rarely acknowledged in discussions about the needs of the infertile (Pfeffer 1987). What is more, there is no evidence to suggest that those who choose to take their fertility problem to a doctor are more 'desperate' to have a child than those who pursue other solutions. Nor can the group that opts for medical intervention be seen as homogenous; not all women and men who attend infertility clinics are prepared to countenance all the investigations and techniques available there (1987). Pfeffer argues that such differences are not evidence that some clinic attenders have a stronger desire for parenthood than others, but that real social differences, such as in class, income or education, exist among those who are infertile.

The new reproductive technologies and the ethical issues they raise have drawn attention to the condition of infertility. At the same time, there has been little attempt to locate infertility within a social or historical context. Corea et al (1987) suggest that motherhood is presented as increasingly more important for women, pointing to the fact

that in Britain there have been periods when as many as 25% of women did not marry and have children. However, these authors do not address the issue of how these non-mothers were perceived. Moreover, the suggestion by Corea et al that motherhood is being increasingly emphasised is countered by other evidence, such as a study comparing 617 women born in 1950 and 533 women born in 1935. This shows a significant increase in voluntary childlessness among the group of younger women (Johnson et al 1987). The authors of this study believe that this increase possibly reflects the relatively recent availability of effective contraception, together with improved career opportunities for women. Significantly, the study found no evidence of a change in the prevalence of involuntary childlessness, despite an increased demand for specialist referral.

The increased demand for subfertility investigation among those who have decided on parenthood is reflected in the change in attitude which has occurred towards the technique of Artificial Insemination by Donor (AID).³⁰ It has been suggested, for example, that negative attitudes towards AID - for instance, that the practice constitutes a threat to marriage and society - waned as AID increasingly came to be seen as a way of enhancing *family* life for the childless; it was childlessness itself that was becoming the problem; "Childlessness was in fact the very antithesis of the nuclear family ideal" (Smart 1987: 107).

Further, as Pfeffer (1987) observes, social factors such as nutritional status, environmental hazards or iatrogenic effects on fertility, such as hormonal contraception, are ignored; infertility is perceived as a spontaneous, idiopathic condition (see also Crowe 1987;

Raymond 1984). The statistics of infertility are presented in a way that emphasises the failure of specific organs such as the ovary, testicle or pituitary gland, but there is little explanation as to which social groups are likely to become infertile. Nor is there any thought given to why people want children. Pfeffer argues that, as with other socially stigmatised conditions "[i]t seems that once you find yourself involuntarily childless, all other identifying marks are swept away " (1987: 82).

In this context the 'desperation' attributed to the infertile suggests that what troubles them is not the absence of a child, but an emotional disorder which stems from this absence. Infertility is imbued with other negative associations. Beyond the image of selfishness that accompanies voluntary or involuntary childlessness (see 6.5), many people appear to identify infertility with sexual sin (Greer 1984:51). Raphael-Leff reports on the way the infertile themselves may attribute their childlessness to earlier sexual transgressions or view it as punishment for abortion, venereal disease or masturbation (1986:29). Laqueur (1989) records an assumption evident since the high Middle Ages, that prostitutes are 'barren' or unlikely to have children because they were 'public women' in whom "the semen of so many men was mixed" (1986: 337), thus representing the antithesis of 'the family' as it is understood in modern England. This points to a paradox referred to earlier, that the ideal mother is an asexual creature, although with the exception of the Virgin Birth, she has traditionally only been able to attain motherhood through sexual intercourse.³¹

While recognising that infertility is a very negative experience and that most infertile women and men will at times experience despair, Pfeffer disputes an inevitable and unremitting association between infertility and 'desperation' (1987). Such desperation she suggests may not be intrinsic to childlessness, but a product of the humiliating, and often perplexing, treatment that the childless receive from the very people who claim to be rescuing them from 'desperation'. Indeed, it appears to be primarily in the interests of doctors and embryologists working in the field of infertility to portray the infertile as 'desperate'. Ironically, a study reported in 1979 found that those attending infertility clinics wanted better organised clinics and more psychological support, rather than new techniques (Owens and Read 1979). Yet it has been the same doctors perceived as unsympathetic in their administration of the basic methods of infertility investigation who are now involved in the deployment of new techniques, techniques justified on the grounds of alleviating the 'desperation' of the childless (Pfeffer 1987).

Reproductive medicine

The medical management of infertility was traditionally unpopular with gynaecologists, partly because of its uncomfortably intimate nature and because, prior to the development of new reproductive technologies, those treating infertility could claim little specialist knowledge or treatment (Pfeffer 1987:86). Investigations such as the 'post-coital test' have played a pivotal role in infertility investigations, but cannot claim to conform to the criteria of science; there is little uniformity in the way such tests are performed or how their results may

be evaluated (Pepperell et al 1980: 112). In addition, those who treated infertility in the past had difficulty in claiming that pregnancy came about by their intervention alone. In contrast, new reproductive techniques have overcome many of these dissatisfactions in that they provide doctors with a high status area of research, together with complex and highly specialised techniques. When pregnancy *does* result from these techniques, it is clear who can take the credit (Pfeffer 1987:87). There are also greater financial incentives to employ the new techniques, particularly in the private sector. Indeed much of the new technology is only available beyond the National Health Service, notwithstanding the fact that the profit motive and the interests of the patient are often incompatible (Pfeffer 1987). Underlying the scepticism with which many writers regard the new technologies is an awareness that, while these new 'services' for the infertile are rapidly proliferating, there has been little accompanying research into the actual *causes* of infertility or the more basic investigation and treatment (Raymond 1984; Pfeffer 1987).

6.7) New reproductive technologies

The new reproductive technologies are not only informative about the priorities of biomedical practitioners. The male reproductive process has always been fragmented. Now the way in which new reproductive technologies fragment the female reproductive role into a number of distinct processes helps to deconstruct the notion of motherhood.

Reproductive technology is not new; methods of fertility control have been known of in some form for hundreds of years (McLaren 1984). Stanworth (1987a) has identified four different kinds of reproductive technology; those of fertility control, of the management of pregnancy and birth, of embryo and neonatal care (including the modification of innate 'defects'), and of conceptive technologies for the 'treatment' of infertility. Thus reproductive technologies are very different in purpose. They are also very different in kind; even within the category of conceptive technologies, often associated with highly complex processes, there are a number of techniques, such as AID, that are simple to perform and/or require no medical intervention. As a whole, these technologies are difficult to appraise; their value to any individual consumer will depend on personal circumstances and priorities. At the same time, such technologies cannot be understood without reference to a range of influences, such as understandings of gender role, the politics of health care, and the current legal system, which shape the way in which parenthood and 'the family' are understood (Stanworth 1987a).

In this dissertation I concentrate on a small number of conceptive technologies, namely *in vitro* fertilisation (IVF), AID, and 'full' or 'partial' variants of surrogacy made possible by these techniques. Other technologies exist within this category, such as GIFT (gamete intra-fallopian transfer), but these are not dealt with here, either because they were not widely in use at the time I did fieldwork or because they do not raise substantially different issues.³²

The new reproductive technologies have been welcomed by many on the grounds that they offer new choice to many of those who would otherwise be unable to have their 'own' child. In addition the technology may, to some extent, determine the *kind* of child produced (for example, where AID is used to avoid transmitting an inherited disease). Many of those in favour of the new technologies are among the medical establishment, the infertile or 'carriers' for genetically determined disease.

Those counselling caution in the application of these technologies are generally less directly involved. The variety of arguments range from scepticism concerning the safety and effectiveness of the techniques to ethical concerns. In terms of technical effectiveness, it is pointed out, for example, that the techniques of IVF involve the risks of both surgery and hormone therapy (Spallone 1987: 173; Direcks and Holmes 1986). IVF babies show a relatively high incidence of congenital abnormalities such as spina bifida (Lancaster 1987). Moreover, the 'success rate', that is the number of live births achieved, is low (Vines 1988). There is evidence to suggest IVF is associated with high pregnancy losses at all stages of development and

not only in association with multiple pregnancies; the incidence of pre-term births in single pregnancies has been found to be three times that in comparable population based figures (Australian IVF Collaborative Group 1985).

In ethical and legal discussions concerning new reproductive technologies the debate has been centred on the problems attending research and treatment, both now and in the future. Some arguments, for example, highlight the possibility that increasing knowledge and manipulation of human reproduction mark 'a slippery slope' towards a 'Brave New World', where techniques such as ectogenesis (that is, fetal development outside the uterus) will allow unparalleled and unethical intrusion by the state into individual lives (see, for example Corea 1985; J. Gallagher 1987).

Even within the bounds of existing knowledge, reproductive technologies pose a range of ethical problems. For example, the Church, particularly the Roman Catholic Church, regards techniques such as IVF to be against natural law and wrong in that they rupture the 'unitive' and the 'procreative' aspects of heterosexual sexual intercourse (J. Gallagher 1987).³³ Reproductive technologies intersect with fundamental values, such as the life of the human being brought into existence, the nature of the transmission of life in marriage, and the unity of the family (Spagnolo et al 1989). According to these authors

artificial procreationcorrodes the unity of the human being and the unity of the body and spirit: the conjugal act, by which the couple mutually express the gift of themselves, at the same time expresses an opening to the gift of life; it is an act which is inseparably corporal and spiritual....Reproductive technologies degrade and reduce the conjugal act to a technical act. And a

technical act constructs the object (the embryo) and the object remains ontologically non-homogenous compared to the subject, and the subject that constructed the object can dominate it. (1989: 23)

According to this view, not only do reproductive technologies degrade sexual intercourse by turning it into a technical act but the unity of the family is compromised by 'heterologous procreation' or the introduction of a third party, whether they contribute sperm, ovum, embryo or gestational environment (1989). IVF and artificial insemination (A.I.) pose additional problems for the Catholic Church in that they are dependent on masturbation, an act condemned by the Church even though, in this instance, masturbation is not a matter of 'spilling seed on the ground' but a means to procreation (Singer and Wells 1984).

Many writers have voiced concern over the conceptive technologies in that they pose two kinds of ethical issues; those raised by the potential for control of human germinal material outside the body (see, for example Gallagher 1987), and those associated with the different forms of parenthood made possible through reproductive technologies. These new categories of parenthood did not exist as isolates before and are therefore forcing a consideration of issues that were previously in the realm of biological givens. Hence

[b]y altering the boundaries between the biological and the social - by demanding human decision where previously there was biological destiny - the new technologies politicise issues concerning sexuality, reproduction, parenthood and the family (Stanworth 1987a: 2).³⁴

There is, however, a third sphere which has received less attention. As already noted, women not only bear children but are defined predominantly by their reproductive capacities (Stanworth 1987a). Reproductive technologies are therefore bound to have some, if unknown, impact on most women's lives. Similarly, Spallone (1989) argues that both old and new reproductive technologies are based on a scientific approach which omits any reference to women as subjects of human reproduction. Hence medical and scientific 'experts' refer to eggs, fetuses, uteri, body parts and biological processes, but not to women as whole human beings. Spallone is unusual in that she refers to women's experiential knowledge of reproduction.³⁵ This experience, she claims, can shape women's self-concept and the way in which women relate to the world (1989: 17). Such experiential knowledge is generally considered 'unscientific' and is therefore largely ignored. Thus, she argues, there is no respect for 'women's integrity' in ethical judgements about invasive procedures on women's bodies (1989: 28).³⁶ Similarly, Raymond (1987) has argued that those in favour and those against the use of new reproductive technologies use the language of embodiment. However, those in the first group ('the fetalists') refer to the body of a woman that is shared or inhabited by the husband, the fetus or even the state - hence women become 'body objects'. For the second group ('the feminists'), women are 'body subjects'; a woman is her body. 'Fetalists' and 'feminists' therefore use embodiment language in different ways; feminists are concerned less with the fetus than with the way the new reproductive technologies dissociate reproductive processes from women's bodies and experience.

Other feminists argue that in the debates on ethics, women are not so much overlooked as expected to conform to an alien reality; "[r]eproductive technology is a product of the male reality. The values expressed in the technology - objectification, domination - are typical of the male culture" (Corea 1986:4). According to this argument the social group of men control not only the choices open to women, but even determine women's responses to these. By opting for certain reproductive technologies³⁷ or taking part in this kind of work, women are seen to collude with their oppressors (see, for example Corea 1986: 3).

Not all feminists share this view but those who do appear in their vehemence to be initially indistinguishable from non-feminists, such as the 'pro-life' lobby or the 'new right', who also adopt a radical approach to the reproductive technologies. However these groups share the same platform for very different reasons; the feminists can be described as pro-woman, while 'pro-life' activists are essentially pro-embryo. This second group oppose new reproductive technologies on the grounds that the fertilised egg is a 'person' from conception and, as such, deserves full legal rights. Such 'fetalists' (see Raymond 1987) within the 'new right' reject the new technologies as they see them undermining the nuclear family. Conversely, certain feminists (see, for example, Arditti et al 1984) fear that IVF and its ilk will be used in ways to support the most conservative ideas about families. However, both groups would appear to agree that it is 'the family' and not simply reproduction that is at issue.

Finally, in terms of ethical arguments, it has been suggested that, although conceptive technologies are often justified in terms of the increased choice they offer to those who would otherwise be infertile, such technologies may actually reduce certain kinds of choice. It is argued, for example, that new techniques such as IVF take the creative processes of pregnancy and birth away from women and place them entirely in the hands of male doctors or 'pharmocrats' (Corea 1986, and see discussion below). Alternatively, the new conceptive technologies can be seen to make infertility a tentative condition. Just as the use of technology in pre-natal diagnosis has been seen to make the status of pregnancy a tentative one (Rothman 1984), so the condition of infertility is now 'chosen' if the ever-expanding range of techniques is left unexplored. As Franklin notes

the new choices made possible by the advent of the new reproductive technologies now hang like unescapable question marks over the reproductive futures of women who cannot conceive (1990:5).

Women she interviewed who were attending an IVF clinic felt they had no choice but to try this technology now that it was available.

This imperative to try everything is, of course, very different to the complete lack of choice that exists for those who are infertile and live in the 'Third World'. As Franklin points out, in the context of global inequality, it may be eugenic principles that are allowed to determine who shall have access to the technologies that enhance fertility and who shall only have the means by which to restrict their fertility (1990: 2). However, it is also worth considering who within western culture has the choice to use reproductive technologies. It has been suggested, for example, that the decision to employ new

reproductive technologies rests with doctors rather than with hopeful parents (cf. Spallone 1989).

Medical paternalism

The attempt to replace biological destiny by human decision which is represented by the conceptive technologies has been interpreted by some as little more than an attempt to expand the empire of biomedicine. Guidance from the Royal College of Obstetricians and Gynaecologists (RCOG) on IVF and related procedures, for example, makes it clear that doctors have the right to refuse treatment on *social* as well as medical grounds, and that they should have the final authority in decision-making (RCOG 1983). The report further suggests that, as doctors will be playing a role in the formation of the embryo, they have a special responsibility for the welfare of any child so conceived. In other words, beyond the usurpation of women's creative reproductive potential feared by writers such as Corea (1986), reproductive technologies allow doctors a significant degree of social control. For example, the report states that "most practitioners will intuitively feel that IVF (*in vitro* fertilisation) and ER (Embryo Replacement) should be performed in the most natural of family environments" (RCOG 1983:6). What is understood as a 'natural' family environment is clearly open to interpretation but, as many writers have argued, this is generally taken to be provided by a married or *de facto* married, heterosexual, cohabiting couple.³⁸ The role of doctors as social, moral and technical authorities is therefore extended by reproductive technologies, and the control over women that was initiated by the medicalisation of pregnancy is further strengthened (Spallone 1989:76).

6.8) Artificial insemination

'Artificial insemination' is a procedure where semen is inserted into a woman's reproductive tract by means other than sexual intercourse. The semen may be that of the woman's partner (AIH, where 'H' stands for husband) or from some other man known as the donor (AID). It is the particular issues raised by AID that concern us here. AID is most commonly used if a woman's male partner is infertile, if a heterosexual couple wish to avoid the possibility of transmitting an inherited disease, or if a single woman or lesbian couple want to have a child without the social or sexual involvement of a man (Achilles 1989).

The procedure was first used as a treatment for infertility in the 1930s, although this was little publicised. Then, in 1945, a paper published in the British Medical Journal giving details of a number of AID cases (Barton, Walker and Wiesner 1945) prompted widespread debate and condemnation. For example, the Archbishop of Canterbury in 1948 recommended that AID (but not AIH) should be made a criminal offense. The debate was reactivated in 1958 following a divorce case in which it was suggested that a woman who had undergone AID without her husband's consent had committed adultery (McLennan v McLennan 1958). This suggestion was not upheld by the court but it raises the issue that AID in some sense implies a sexual relationship between a woman and the AID donor. In the late 1950's the Feversham Committee was set up to enquire into the legal aspects of AID. It reported in 1960 and recommended that AID be discouraged as strongly as possible. The committee argued that AID and adultery have an important feature in common; in both circumstances the 'wife' receives the 'seed' of a person other than her

husband (Feversham Report 1960: 37). Should the practice become more acceptable, it was thought that it might lead to an increase in the breaking of marriage vows through sexual intercourse with a third party (1960: 65). AID was therefore perceived to go against the essential nature of marriage, especially as a woman should seek as a husband a man she knows, loves and chooses "to beget children for her" (1960: 67). The members of the Feversham Committee hoped to discourage this practice by recommending that the child born of AID should continue to be regarded in law as illegitimate.

Their report is interesting in that it provides evidence of the procreative model referred to earlier, which suggests that the male alone initiates or 'begets' pregnancy. Moreover, while adultery is deemed not to occur because there is no erotic liaison between the donor and the would-be mother, it appears that AID represents a form of synecdochism in that placing the donor's semen in the woman's vagina is understood as similar in some way to the donor entering her vagina. It also supports the suggestion that certain body products, such as milk (see Chapter 4.7) and perhaps semen, represent an extended self, and indicates a parallel between the act of breastfeeding and the act of penetrative heterosexual intercourse. Moreover, the fear that AID goes against 'the essential nature of marriage' appears to bear similarities to Laquer's (1989) observation, that the prostitute as a 'public' woman in whom the sperm of many men combine, is widely perceived as 'barren' and represents the antithesis to 'the family'.

A change of attitude towards AID became apparent in 1973 when the British Medical Association recommended that an AID service should be available for the small number of couples for whom it was considered 'appropriate'. Warnock (1985) subsequently found an increased acceptance of and demand for this procedure. However, the illegitimate status and the lack of parental rights or duties of the AID child's social father were clearly distressing to some of those who made submissions to the committee. The Warnock Report ultimately recommended that an AID child should be treated in law as the legitimate child of its mother and her husband (providing that he had agreed to the procedure), and that the donor should cease to have any parental rights or obligations in relation to the child. This recommendation was taken up by the Family Law Reform Act (1987); the AID child is now legitimate in terms of the inheritance of property from the mother's husband, but not in terms of the succession to any title.

As Pfeffer has pointed out (1987), one of the central social issues concerning AID has been that of legitimacy, particularly in the early days of AID use. Illegitimate births had increased since World War Two, divorce had become more common, and it has appeared to many that the institution of the family was under threat; the introduction of a technique which intentionally produced an illegitimate child within marriage was, at least in the 1950s, an anathema (1987). The Feversham Report stated, for example,

Succession through blood descent is an important element of family life and as such it is the basis of our society. On it depends the peerage and other titles of honour, and the Monarchy itself (1960: 49).³⁹

Today the social issue is no longer only about illegitimacy, although this remains important. In addition, the historical resistance towards AID is being interpreted by some as a recognition of the threat AID poses, not only to the family, but to male dominance; with AID, women could have children (virtually) without men (Corea 1985). Once men perceived the means of rebellion AID offered women, they were quick to limit the access women had to this procedure. Those who argue this cite, for example, the way in which AID has been claimed as a medical procedure, even though it requires little more than sperm and a syringe (Saffron 1986). The Warnock Report unequivocally calls for the social control of AID, recommending that it be made an offence to provide AID services without a license. At the same time, the Warnock Report suggests that "as a general rule it is better for children to be born into a two-parent family, with both father and mother" (1985: 11), although it is recognised that the stability of this kind of arrangement is no more predictable than any other.⁴⁰ Single women and lesbians are not totally ruled out as suitable mothers, as it is suggested that each person's case should be judged on its own merits. However, it is clear that it is ultimately gynaecologists who are to make such judgements (in discussion with other health professionals), even though the Report admits that this represents a social rather than a clinical evaluation (Warnock 1985:12).

This approach has not deterred some women who advocate 'self-insemination' as opposed to AID. 'Self-insemination', it has been argued, is about more than getting pregnant without sexual intercourse

or the aid of the medical establishment. Instead it represents a radically different approach to parenthood: for example,

[It] questions the values which, in western patriarchal society, define what a 'desirable' child is...It aims at creating a different value system for the women, for the children - and for the fathers (Klein 1984: 385).

With self-insemination, at least for some practitioners, the conventional 'one child to one mother' relationship is exchanged for a close inter-relationship of a group of women and children, a joint motherhood that may extend beyond the dyad of the lesbian biological mother and her lover to include a number of 'mothers' (biological or not) in a self-insemination group (Klein 1984: 386-7).

As Achilles (1989) points out, AID helps to reveal the social meanings we attach not only to biological reproduction, but to cultural notions about what constitutes the family. She notes how the medicalisation of AID, the associated secrecy and the emphasis on anonymity all add up to a process that is more socially than technically complex. She believes current practice represents an attempt to conform to a particular image of the family, an increasingly mythological one of a heterosexual couple who rear their biologically-linked children until adulthood. The secrecy attached to AID is, for example, "an indication of the persistence and strength of mythologies and norms about what constitutes a family and what constitutes a 'real' parent " (1989: 110).

Barrett and McIntosh (1982) have referred to this as 'an ideology of familialism', to which greater weight is attached than to the family itself. According to the perspective these authors describe, the ideal

situation for child-rearing is one based on the presence of two parents, be they biological or surrogate parents, rather than one in which the child is reared by its 'kin' (1982:25-6).⁴¹

Given the intensity of the debate they aroused, it is interesting to find that my informants knew little about reproductive technologies and mostly appeared uninformed by the debates referred to above. Indeed the procedure of IVF was considered acceptable by the majority of informants, for others if not for themselves. This is perhaps not surprising in view of the way that reproductive techniques are represented in the media (Franklin 1990a) and the lack of awareness among informants of the complex nature of such technologies or their reliance on medical, if not surgical, intervention. A similar disparity between feminist thought and my informants' opinions also emerged in relation to AID: while it was noted above that many feminists would only consider AID (or, more specifically, 'self-insemination') out of the range of techniques available, AID was a less popular method among informants.

Informants views on artificial insemination by donor (AID)

Of nine women asked about artificial insemination, only two said that they would be unequivocally in favour of AID as a means of resolving reproductive difficulties they might experience. One of these informants would equally want to adopt. Three women were ambivalent about AID saying, for example, that they would consider it but would prefer to adopt, and four said that they would be unhappy about using AID.

The main problem perceived with AID was that it created an inequality between parents in terms of their genetic contribution to a child. A 26 year-old midwife said, for example:

I would have thought in our situation it would be better to adopt a child because then both of us are put in the same setting. Whereas with AID - O.K., there's half *you* there - but I can see [my partner] might resent the fact that I had half of a claim and he was left out.

A similar point was made by a young woman working in public relations;

I think I'd have to see how [my partner] felt about it. If it was O.K. by him I wouldn't particularly be worried; at least it's half your child rather than if you're adopting somebody. But then again it may be better to have somebody completely free of both of you to come in, rather than him thinking "It's her child, it's not my child"; maybe some unknown man in the background who nobody's ever seen who is the father. So it would really depend on what he felt about the situation.

This absence of the male partner from the child's conception may be particularly important if, as earlier chapters suggest, the male is understood to provide not merely half the genetic substance of a child, but also the child's vital essence (see Chapter 2.5 and 2.6 for example). In this light, where artificial insemination takes place, the donor of sperm acquires a special significance. While 'mothering' through gestation and nurturance is still available to the woman who accepts a donated ovum, in the context of AID, 'fathering', in the sense of begetting or initiating life, is taken on entirely by the donor of sperm. The 32 year-old barmaid said, for example:

I think if it was at all possible I'd rather adopt, but adopting is hard isn't it? If it was going to be another man's sperm - not from my point of view so much - but I think it would probably upset him (partner) to think I had another man's baby growing inside me.

There is then a distinction between the essentially complete baby, perceived to come from the donor, and the mother as nurturing body. Moreover, a number of informants implied that it was not the baby alone who dwelt within the mother; the donor was referred to rather in the manner of an unwanted guest and who, in some sense, possessed the mother.⁴² This was most evident where informants held the notion that, even when AID took place within a medical establishment, the donor himself introduced his semen through sexual intercourse. Significantly, most women did not speak in terms of how they would feel about the semen of another man (ie other than their partner) inside them. Instead they spoke of how their *partners* might feel about this.

Only a small number of informants were questioned about AID. However, the concern that women had about possible implications for their partner in terms of the spectre of the donor has been recorded elsewhere. Snowden, Mitchell and Snowden (1983) interviewed fifty-seven couples in England who had children following AID and found that, although the social fathers had accepted their children, they were confused about who was the child's 'real' father:

It was noticeable that in trying to explain their feelings about fatherhood, very many of the husbands referred to the donor as the 'real' father, although they were in no doubt that the child was 'their' child (1983: 91).

Presumably, these men's confusion was compounded by the legal situation that existed at the time of interview, concerning the paternity of an AID child. The husbands of women who had children via AID were ignored as legal fathers and, if their names appeared as father of the child on the birth certificate, this constituted breaking the law. However, it is

feasible that confusion over the claim to legal fatherhood is not the only issue and that, perhaps, the fundamental confusion is an ontological one. Viewed in this light, it is interesting to compare attitudes towards AID with those towards IVF in which the parental relationship is clearer for the male.

6.9) In vitro fertilisation

In vitro fertilisation (IVF) is a form of external reproduction that now takes a number of forms. In the usual instance however, a number of ova are extracted from a woman following hormonal stimulation. These ova are placed in a 'petri' dish together with sperm and a suitable culture medium. If fertilisation occurs, one or more conceptuses are placed in a woman's uterus in the hope that they will implant. The uterus may be that of the woman from whom the ova were extracted (embryo replacement) or that of another woman (embryo transfer).

Informants' attitudes towards in vitro fertilisation

Thirty-one informants were questioned in terms of their attitudes towards IVF. The vast majority of women (26) were in favour of this procedure although, of these, seven qualified their approval. For most of these seven women, IVF was acceptable provided it was concerned with alleviating the 'desperation' of the childless and was not used for other ends, such as genetic engineering. In most of these cases, it was considered that IVF should be available for those who wanted it, but it was not something that these informants would personally consider.

A number of women in the larger group who supported the use of IVF were, at the same time, concerned that it must involve certain risks. At the general level, there was concern that techniques might be developed or used without proper checks or safeguards. At a more individual level, two women referred to the possibility of harm to the mother or fetus. For example, a 37 year-old company director with two children said "I think the worry would be whether one was going to produce a normal child. I should have thought there would have been a higher risk (of abnormality) with a test tube baby." Alternatively, a 24 year-old manager thought "Taking something from outside the body - it's just laid open to so many atmospheric diseases...You just don't know what might happen." One woman, a 23 year-old secretary, was concerned that negligence might lead to the wrong embryo being implanted; "You could go too far and start freezing eggs and getting eggs muddled up and then giving someone else the egg." Indeed, freezing the eggs was a practice that was viewed with some ambivalence (see below).

Another informant, a 22 year-old chef, was concerned that some unacceptable traits of the ovum donor might emerge in the child:

Do you know the history of the egg donator, would you know what sort of character they had, what sort of strains - nervous strains - they had? ...to take sperm and eggs which are prototypes for this child you're creating - you've got to be careful. And isn't there something about you don't reveal the source? To my mind it's a problem. Perhaps to other people it's not; perhaps they feel they can overcome it by upbringing. I believe a lot of problems are hereditary.

Two women felt that IVF might affect the subsequent 'closeness' between the child and its mother or other members of the family. A 39 year-old, unmarried vision mixer, stated, for example:

It would be interesting to know whether people who had bothered to go through the problems of having a test-tube baby or have artificial insemination or all these other types of ways...it would be interesting to know in twenty years' time, how close those families had remained; how close the husband and wife had remained and the children.

Here it is possible she is referring only to IVF with a donated ovum, in which case this suggests that 'closeness' is, at least in part, a result of shared genetic information. Another informant, a 24 year-old Roman Catholic who worked as a manager, appears to refer to a science fiction scenario where the entire period of gestation takes place *in vitro*. However, her comments are nonetheless relevant in that they indicate that 'closeness' is, at least in part, a result of the uterine environment:

Possibly (taking the processes out of the body) takes away some of the emotional security. I wonder if a child born in that respect has the same 'closeness' to the family as someone who's been borne within the mother's womb.

This statement underlines not only the importance of gestation in establishing 'closeness', but also in creating this relationship with other members of the family.

A further problem raised by IVF for women in this group was that conception should not occur outside the body. One aspect of this argument was that the manipulation of conception not only challenged the concept of God as creator of humankind (a concept not held by the majority of informants anyway) but was problematic in that it marked us apart from our antecedents. The same Roman Catholic informant said:

....I don't want to put too much emphasis on the God side - it's only a small part of what I think. ...I think it should be done within the womb and within the body and taking it out makes a mockery of the way we have been created over the ages really.

Finally, the vision mixer suggested that difficulty in conceiving had its own meaning, and one that should not be ignored by embarking on IVF treatment.

I'd tend to feel there's a reason why I'm not conceiving, why it's not happening between the two of us, and that to force the issue may be wrong. Time after time I see colleagues and friends who perhaps have had several miscarriages so the moment they're pregnant they're in hospital with their legs up for nine months and I really begin to wonder whether nature isn't telling you something about the child. There seem to be so many children born these days with defects.

Overall, however, it is important to emphasise that this group of women, despite reservations, stated that they were in favour of IVF. Again, the technique was viewed in relation to the 'desperation' imagined to accompany involuntary childlessness. As one 23 year-old nurse said, "I think I would consider it. It depends how desperate you are and I should think I would be. I think you'd consider anything." Similarly a 21 year-old, administrative assistant remarked "I'd do anything to have a baby myself if I couldn't have a baby naturally." Others referred to IVF as "fantastic!" or "brilliant!".

Out of thirty-one informants questioned, four strongly disagreed with the use of IVF. One of these, a 28 year-old housewife with three children, offered a number of reasons for her antipathy, mostly concerned with the freezing of gametes or embryos, reflecting a vague anxiety referred to even among those in overall favour of IVF. She said, for example:

I don't like the idea of storing up the eggs and the idea "Oh we'll have one now", because they could be doing other things with them. They might not just be going to humans. They could try to experiment. They're still little eggs started off. They've still come from the woman. I know it's only a little egg but it's still a person, although it's got no ideas and that. It seems odd that it's frozen. How's that little girl going to be when she grows up; "That's my twin sister but she's eighteen months younger than me"! I mean, how can she be her twin sister?⁴³

A further two informants thought that the use of IVF might be misused by eugenicists. One of these, a 31 year-old manager, said, for instance:

You're a stone's throw away from genetic engineering and I think it's very dangerous. In America they've developed this wonderful cloning of animals and this is the logical progression you go on when you start mucking around with people's genes - that everybody in the world's going to have fair hair or what have you. I mean, they've got a cow that can produce milk all day and all night....they're tampering with nature. That's what Hitler wanted, wasn't it?

Another informant, a 25 year-old secretary, thought it strange that so much should be done to provide people with children, while at the same time, parents were being brought to trial for murdering their children.

Finally, the company director with two children demonstrated the complexity of the issue. She began by stating that she was in favour of IVF but concluded that she was not; "It doesn't feel right. If God meant us to be made in test tubes, He would have produced a science lab, wouldn't He? You're messing around with creation."

In sum, most informants stated they were in favour of IVF, although it was not always sufficiently clear whether we were discussing IVF as a way of by-passing blocked fallopian tubes (that is, using a woman's own ovum), or referring to IVF using donated ova. Despite this flaw, the discussions were still useful in building a picture of the way in which the gestational aspect of motherhood is perceived. For example, what emerged from this particular question was a concern that conception (and, when possible gestation) occurring outside the body has long-term implications for the emotional development of the child or for the relationship between the child and its family. IVF was viewed favourably because it allowed women, or couples, to have their 'own' child, whether this referred to a genetic belonging or to a connection through gestation. However, a clearer picture of the significance of gestation and birth, in relation to genetic relationships, emerges from informants' attitudes towards adoption and surrogacy.

6.10) Adoption

Adoption was discussed in an attempt to ascertain how important genetic links, gestation and giving birth were among informants in the establishment of a child-parent relationship.

Goody (1976) has defined adoption as an act which involves "the transfer of an individual from one filial relationship to another, from a 'natural' relationship to a fictional one, but one which is in most respects legally equivalent" (1976:69). He identifies three functions of adoption in western Europe; the provision of homes for children in need, to provide the childless with social progeny, and to provide an individual or couple with an heir to their property (1976).

Developments over the past twenty years have meant that the practice of adoption has declined rapidly. The introduction of the Abortion Act in 1967 legalising abortion in certain circumstances, a softening in attitude towards unmarried mothers, better employment opportunities for women and greater welfare provision for single parents have all combined to reduce the number of babies available for adoption (Snowden, Mitchell and Snowden 1983). Thus the number of people accepting techniques such as *in vitro* fertilisation (IVF) does not, of itself, indicate a preference for a child who is genetically or physically related to its parents. A study of 114 Australian women or their husbands attending a clinic for IVF found that 63% had been willing to accept adoption as an alternative route to parenthood (Singer and Wells 1984).

Similarly, an American study undertaken in 1978 showed 57% would chose adoption in preference to IVF (Harris Report 1979).

I do not intend to extrapolate from these studies, undertaken in different cultural contexts and comparatively early on in the use of the new reproductive technologies. However among my informants questioned on adoption (11), all viewed it positively. Nine women stated they would consider adoption if they found they could not have children biologically, although two women made it clear that they might try other measures, such as IVF, first. These women were not opposed to adoption in principle; much would depend on the circumstances at the time they had to make a decision. Some informants showed a clear preference for adoption in relation to A.I.D., preferring that each parent had an equal - that is, non-existent - biological relationship to the child. Significantly, some women in favour of adoption thought an adopted child could be as much their 'own' child as one they had conceived and carried. A midwife of twenty-six years said this was something that she had thought about a good deal as her partner was "sterile":

I would be quite happy to adopt a child. It wouldn't really worry me if it was mine or somebody else's. I think...your attitude towards a child...if you adopt a child it can still be as much *a part of you* because of what you give to it and what you learn from each other.

However, this informant's partner would prefer artificial insemination so that any child "would be 50% ours". This seems to provide further confirmation that a genetic link is especially important for men. It appears that, where a genetic link is impossible between a man and a child, he still wishes such a link to exist between the child and its mother. Further work is necessary to

tease out whether this preference has an ontological basis or is, for example, more concerned with the control of inheritance.

Clearly for some informants, the 'raising' of a child was as important as any sense of biological continuity, as the distribution assistant, a Roman Catholic, suggests

- I: I think I probably would adopt. I would like to produce something that's.....
J: Yours?
I: Yes, more than anything. But I'd like to be able to **bring up** a child that didn't have anyone to bring it up, if I was in a position to do so.

Finally Katy suggested that, if she were to adopt a child after having three of her own, despite her good intentions, she would feel less for the new child:

I know what the feeling feels like to have your own so I think, as much as I might try to love the new baby or new child, I think I probably wouldn't show any difference but I imagine, in my heart, I'd feel a difference.

This difference was not entirely because the child would be genetically different; Katy thought that an important element in her relationship with her children was rooted in the fact that she had carried and given birth to them (although she downplays these aspects of motherhood in some contexts - see section 3). The significance of gestation and birth is further endorsed by the data on surrogacy.

6.11) Surrogate motherhood

Surrogate motherhood has been defined as an arrangement whereby one woman agrees to bear a child for another person (or persons) and to surrender it at birth (Warnock 1985: 42). Those who commission such a child are generally in involuntarily childless relationships, although individuals or couples otherwise unable to reproduce (for example, single men or women, homosexual couples) may also consider surrogacy. In the context of this dissertation, surrogate motherhood is a particularly interesting phenomenon in that it fragments parenthood - especially, but not exclusively, motherhood - into a number of different roles, and allows us to see the relationship of these roles, one to another. As Overall has suggested, surrogate motherhood raises questions about the use of human reproductive potential, about women's relationships to their bodies and about the inter-relationships of men and women (1987). As such, surrogacy can be seen as a 'test case' that helps to unravel broader procreative issues.

'Surrogate motherhood' is not an ideal term. On what basis, for example, might a woman who carries a child for another be called a 'mother', especially when - as in some circumstances - there is no genetic connection between the surrogate and the fetus? As Zipper and Sevenhuijsen have pointed out, the language used to describe this kind of arrangement defines the relationships without questioning their meaning (1987). Some writers have offered alternative terms, but on the whole these have been equally unsatisfactory. Manion (1988), for example, has suggested 'contractual conception' but this term is inadequate in that it does not include instances of 'full surrogacy' where the surrogate is

involved in the gestation, but not the conception of a fetus. In the absence of more suitable alternatives I shall use the standard terminology of 'surrogate mother' and 'commissioning father' where relevant. However, these might usefully be considered working terms, rather in the manner of 'p-structures' (see Ardener 1978).

Clearly surrogate motherhood is not, in itself, new; as many writers on the subject have noted, it is referred to in the Bible between Sarai (as she was then known) and Hagar (Genesis Ch 16) and between Rachel and Bilhah, Leah and Zilpah (Genesis Chapter 30).⁴⁴ Significantly, traditional surrogacy has always posed questions about the 'naturalness' of the mother-child bond.⁴⁵ The fact that these questions have rarely been made explicit until recently may be linked to the private nature of traditional surrogacy arrangements, which have not required the intervention of a fourth party. Recent forms of surrogacy are different in that they occur in the context of new reproductive technologies such as IVF; 'partial surrogacy' involves the sperm of the commissioning father and the ovum of the surrogate mother and 'full surrogacy' refers to an arrangement where the surrogate mother carries and gives birth to a baby with whom she has no genetic connection (Singer and Wells 1984).

As a British Medical Association report has said, with surrogate motherhood come:

many possible combinations of persons relevant to the child's conception and early development. At the most complicated, [the child] may have two genetic parents, two social parents, and a carrying mother. It will be seen from this that surrogacy arrangements involve considerable uncertainty as to the child's status and the rights and responsibilities of the adults

involved, and thus raise important questions about the institution of the family and the concept of parenthood itself. (BMA 1987a)⁴⁶

Attitude's towards surrogacy arrangements

In recent public debate on reproductive issues, there has been a varied response to the use of donated gametes, in contrast to more consistent disapproval of surrogacy:

The invention of reproductive technology seems to shake up all 'normal' arrangements and belief-systems about human reproduction. It is striking that surrogacy often arouses more attention, anger and calls for prohibition than developments in fertilisation itself (Zipper and Sevenhuijsen 1987:119).

The Warnock Report (1985: xii), for example, gave approval to the techniques of IVF and AID, but disapproved of surrogacy, largely because of the possible consequences to the child. In addition, it feared that surrogacy allows the exploitation of one person by another and, in certain circumstances therefore, may be morally objectionable. This is most clearly, but not exclusively, the case where financial interests are concerned (1985: 46). The Warnock Report is also useful as recording the scope of arguments for and against surrogacy that it received in evidence from a wide range of interested groups and individuals.⁴⁷

The arguments from those who opposed surrogacy fell into three main categories. The first of these rejects surrogacy on the grounds that it is inconsistent with human dignity. It permits a woman to use her uterus for financial gain. This argument has been expanded elsewhere. Overall, for example, suggests that, as with the selling of blood, gametes or organs,

surrogacy represents a commercial transaction that may entail an extreme form of personal and bodily alienation (1987:126). Surrogate mothers become defined solely as gestators and, hence, are negated as persons (1987). Surrogacy further undermines human dignity by involving a third party in the process of procreation. While it might be argued that such intervention occurs with other forms of reproductive manipulation, surrogacy is perceived as more intrusive than, say, AID. Significantly, this is because the contribution of the carrying mother is perceived to be greater and more intimate than the contribution of a sperm donor.

Secondly, surrogacy is seen to distort the mother-child relationship, in that a woman deliberately becomes pregnant in order to give up her child or that commercial surrogacy transforms a child into a commodity.⁴⁸ This line of reasoning also includes an argument that a child born of surrogacy will be traumatised because of strong bonds that exist between the fetus and the carrying mother.

The third category of argument is concerned with the position of the surrogate mother. It is suggested that no woman should have to face the risks of pregnancy for money, or that no woman should have to part with a child she has recently given birth to, against her will. The exploitation of the surrogate mother is a common concern in the feminist literature. It is hard to imagine that women other than those in financial need will resort to commercial surrogate motherhood (Corea 1986). Such women then become subject to the power of the necessarily wealthy, commissioning father and his lawyer (Overall 1987),

and at risk of signing contracts which compromise their health and basic human rights (Ince 1984). For others, surrogate motherhood represents a new form of prostitution in that reproductive technologies in general and surrogacy in particular "make the womb extractable from the woman as a whole person in the same way the vagina (or sex) is now" (Dworkin 1983:181).

The Warnock Report ultimately rejects all forms of surrogacy, arguing against a limited, licensed and non-profitable surrogacy service on the grounds that the existence of such a service would, in itself, encourage the growth of surrogacy. Significantly, two members of the committee felt it necessary to express their dissent on this point and to argue for the existence of such a service on the grounds that there are rare occasions when surrogacy could be beneficial to couples as a last resort. They believe that "[o]n those occasions gynaecologists should not be denied the option of suggesting surrogacy to their patients." (1985: 87). Indeed, they suggest access to a licensed surrogacy agency should *only* be by referral from a consultant gynaecologist (1985: 88).

This approach, which might be interpreted as a further step in the medicalisation of reproduction, has recently found sympathy within the British Medical Association. This organisation now accepts that doctors may help infertile couples in non-commercial, full surrogacy arrangements (using IVF) as a "last resort" (BMA 1990), so overturning a previous ruling made in 1987 that the risks to children were so great that doctors should never be involved in surrogacy (Veitch 1987).

In its original report on surrogacy, the BMA suggests that surrogate motherhood is a controversial and emotive subject because it threatens the very nature of society, or rather of the family as "the basic unit of society" (1987a). A similar view is taken in the Church of England report *Personal Origins* which argues that, because the bond between mother and child (and, at one remove, between father and child) begins in pregnancy, surrogacy endangers the "Christian institution of the family" (Board of Social Responsibility 1985).

One major reason why surrogacy can be seen as such a threat is because it questions certain definitions of family relationships. While, for example, we may be able to describe the protagonists in surrogacy scenarios as 'the genitor', 'the genetrix', 'the carrying mother' or 'the commissioning mother', who, at the end of the day, can be understood as the child's 'real' or even legal parents?

The Warnock Report recommended that the operation of all commercial surrogacy agencies should be made illegal, and this recommendation was carried out by the Surrogacy Arrangements Act of 1985. On the other hand, the Warnock Committee was reluctant to recommend that private persons entering into surrogacy arrangements should be liable to prosecution, partly because of the taint of criminality that would attach to the children of such arrangements. It hoped to resolve this dilemma by recommending that all surrogacy arrangements should be made illegal and therefore unenforceable in the courts. This suggestion was also enacted in the Surrogacy Arrangements Act, which means that a surrogate mother is, for the moment, defined as the legal mother at birth -

whether or not she has any genetic connection to the child. The commissioning parents, even if they have provided the embryo, can only become the child's legal parents by adoption. The Human Fertilisation and Embryology Bill (1989) currently under consideration by the House of Commons (Select Committee) suggests that the husband of a surrogate mother be regarded as the child's father at birth, provided he has consented to her 'treatment'. The implications of these points will be expanded on later (see 6.13).

It often appears that it is surrogacy as a *commercial* transaction which is disapproved of. However, while this particular kind of arrangement is clearly viewed with widespread concern, beneath this lies a further fear regarding all surrogacy, a condemnation of the woman who consciously decides to become pregnant and subsequently give up her child to another. As Zipper and Sevenhuijsen (1987) suggest, it is not the new reproductive technologies which are feared so much as the fate of a world in which the mother-child bond becomes more fragile. The general incomprehension that attends a woman's decision to become a surrogate mother is, however, over-ridden to some extent where the woman's motives are seen to be purely altruistic. This is clearest in the case of a woman who wishes to give her infertile sister the opportunity of parenthood.

Finally, despite the widespread unease prompted by surrogacy, there are some arguments made in its favour. For example, among the depositions made to the Warnock Committee were a number expressing concern that surrogacy might represent a couple's last chance of having a child that was genetically related

to them (1985: 45-6). In particular, it might be the only option available to the husband of an infertile woman. It was thought that women should be able to enter into surrogacy arrangements if they wished, just as they had a right to use their bodies in other ways, if they so wished. Commercial surrogacy has been presented as an exercise of economic choice.⁴⁹ It was suggested that those who felt surrogacy intruded into the marital relationship need not pursue this choice. These sorts of arguments in favour of surrogacy have, according to Warnock, been voiced only by a minority. The strength of feeling that Warnock reports *against* surrogacy was clearly evident among the women with whom I spoke.

Informants attitudes towards surrogacy

Interviews with informants took place at a time when surrogacy was much in the news. 'Baby Cotton', for example, was born in Britain during January 1985, the result of a commercial surrogacy arrangement. Informants were therefore well aware of some of the more sensational aspects of surrogacy, such as legal disputes over custody, even if they were often less clear about how a surrogate pregnancy might occur.

Given this background, it is perhaps unsurprising that informants viewed surrogacy more negatively than any other means of becoming a parent. For example, in answer to what she would have done if she had found herself infertile, Katy initially replied she would have tried 'anything'. With further discussion, however, it emerged that, while she would have considered adoption, AID, and various reproductive techniques such as IVF, surrogacy was totally

unacceptable. Of forty-three women spoken to on this issue, there was not one who said she would personally consider surrogacy as an option if she could not have children by other means. However, one or two informants voiced an understanding of why some 'desperate' women might take such a step. A 25 year-old typist said, for example:

It's difficult. Providing the mum's quite happy to have it and give it away without any hassle at the end...if that child's going to go to two people who desperately want a baby and give it quite a good life, then fine. The baby won't know any different. It will just be bought by these two parents and know that, OK it was bought, but it was obviously bought for the right reasons and really wanted.

Significantly, informants views on surrogacy covered the first two categories outlined by Warnock (see above), referring to the way in which surrogacy compromised human dignity and distorted the mother-child relationship. Not one informant voiced concern for the way surrogacy might exploit specific groups of women, such as economically disadvantaged or 'Third World' women, suggesting that the feminist debate on surrogacy, in addition to that on other reproductive technologies, has not had a wide impact.

All informants, even those who were slightly more in favour of surrogacy, were wary that commercial surrogacy carried certain risks, such as attracting women with the 'wrong' motives. While there was sympathy, for example, for sisters who might make a private and non-financial surrogacy arrangement, the majority of informants thought it was morally wrong to deliberately become pregnant and 'give up' a child in order to gain money. For example, the 28 year-old, Roman Catholic distribution assistant said:

I can't really understand people being able to give up a child having carried it around with them for nine months....and take money for it. I haven't got that strong views but I certainly wouldn't do it and wouldn't like to know anybody who had. I wouldn't consider that person worth knowing.

Surrogacy for financial gain also implied that the body could be used as a commodity. The 22 year-old lay chaplain/musician said, for example:

I get very uneasy when people are paid to be surrogate mothers. I think they're renting out something that isn't theirs to rent outI don't know, it's like selling your kidneys. Yes, it's yours in a way but its, like, not yours. It's my body but...I can't explain why. If it was done like marrow transplants - I think that sort of thing is very good. But I think I get uneasy when its payment because that somehow makes it different.^{50, 51}

Whether or not money changed hands, surrogacy was often felt to be wrong because a child is deliberately conceived in order to be 'given up' after birth. There was something very different about this use of the body and that where pregnancy was accidental and resulted in adoption. Katy, for example, referred to this difference in intention:

...children that are up for adoption are up for adoption for a certain reason anyway - like the mother didn't want them or what have you - and they're found a good home. But for somebody to *deliberately* have a baby that they don't want anyway.....!

If the body should not be made a commodity, neither, it appears, should the child. One problem perceived with financial surrogacy was that any resulting children, should they become aware of their origins, would be psychologically harmed by the knowledge that they were the outcome of a financial arrangement. For example, a 27 year-old scientist said "It wouldn't be very nice to find out your mother only had you for money."

However, surrogacy was seen to bring other psychological ill effects for the child based on the premise that separation from the gestational mother, irrespective of any genetic connection, is harmful. Indeed informants perceived that the main problem posed by surrogacy was the possible development of a relationship between the surrogate mother and child during the pregnancy that was more than physiological. It is this uterine relationship that is perhaps the aspect of surrogacy most relevant to my thesis.

The relationship between the fetus and the carrying mother was thought to act in two directions. On the one hand - and parallel to the relationship seen to exist between an infant and surrogate breastfeeder - the surrogate mother was perceived by some to have some influence on the developing fetus. For example, the 26 year-old midwife said:

I wonder how much a mother's attitude in pregnancy affects the baby afterwards, because those mothers who are happy about the pregnancy to the most extent have laid-back babies, whereas if mothers aren't all that happy about it, I wonder how much that filters through to the baby *in utero*. If they're loved and cared about I'm sure they can pick that up.

Katy told me how once, when she was pregnant with her second son and having difficulties with her first, that her grandmother and aunt had both told her that the baby would be tense and upset when it was born as she had been in a similar state while carrying him. Conversely, her midwife had informed her that her youngest child was relaxed because Katy had been relaxed while he was *in utero*. In addition, Katy felt she could act, to some extent, as a filter between external influences and the fetus:

I always felt I shouldn't really get a fright and jump, because I did feel you could startle the baby and make it jump. I had the sense when I was pregnant that I shouldn't really watch things [on television] that would *make you jump out of your skin* (my emphasis).

On the other hand, being pregnant was seen as having a tremendous effect on the pregnant woman's emotions. The midwife referred to above was uneasy about the practice of surrogacy as:

I think particularly in pregnancy, in labour and delivery there is too much emotion involved. You cannot actually be detached. I think there's an awful lot of difficulty involved in giving up that child.

Similarly the 32 year-old barmaid quoted earlier said

I could never do that. I would have thought to actually have something growing inside you for that length of time - I'd want to keep it even if I started off saying I didn't. I'm sure I'd feel a big attachment.

The 22 year-old chef thought that the fetus would be influenced by the surrogate mother through "carrying it for nine months and feeding it from her blood", but that this influence would probably be lost later through 'upbringing'; it would be the surrogate mother who would permanently experience the effects of surrogacy and the loss of the child.

These statements have a significance that goes beyond the ways in which surrogacy is perceived. Time and again, informants referred to the period of gestation as important in terms of defining relatedness, or shaping the relationship between mother and child as opposed, for example, to genetic similarity. A 21 year-old, administrative assistant, commented, for instance;

I'd rather adopt than have someone else carry it. It's wrong. I would either want to go through me being pregnant by my husband (or adopt). I couldn't stand to think that someone else has got a baby they're going to give over to me when they've had all the fun of being pregnant. I'd feel I was just going to be lumbered. I wouldn't feel it was mine.

The relationship that is understood to exist between the carrying mother and the fetus, and the implications this may have for the definition of motherhood, are expanded upon in the next section.

6.12) Surrogacy, motherhood and relatedness

In order to grasp more clearly the relationship between the process of gestation and relatedness, and the importance of gestation for the concept of motherhood, thirty-two informants were presented with the following vignette to discuss:

A woman agrees to act for a married couple as a surrogate mother. Her role is a purely gestational one; the embryo implanted in her uterus has resulted from IVF using the commissioning couple's ovum and sperm. The surrogate mother therefore contributes no genetic material to the embryo. In this situation, who is the mother at the time of birth - the woman who provides the genetic material or the woman who carries the child?

Deciding who should be understood as the mother was influenced by a range of factors. The 39 year-old vision mixer, for example, did not mention the role of gestation or genetics in the determination of motherhood, but saw the answer in the legal contract drawn up between the surrogate mother and the commissioning couple; "...if I had contracted to carry the pregnancy and I had agreed that I would give it back to that couple then, from my point of view, I am simply acting as an incubator!"

Moreover, taking informants' quotes out of context means that the difficulty these women experienced in making a decision fails to come across. A number of women changed their minds during the course of discussing this vignette. When this happened I have used their final answer. Of thirty-two women questioned, three could come to no decision as to who should be regarded as the mother in the circumstances described.

Nine informants thought that the woman who carried the child was its mother at the time of birth, regardless of the child's genetic origins. The reasoning is summed up by the three quotations which follow. The first is from a discussion with a 21 year-old secretary, who said:

Even, like, when the baby's just beginning, the mother and the baby has a definite bond. The mother who's carrying the child would have a definite bond with the baby no matter what egg it was or where it came from, so in a biological sense I would think that a mother who carried a baby would be the one to bring it up because the baby gets its signals from the mother; it's that type of thing. ...The baby knows, I think, what's going on and who's carrying it, whatever.

This informant refers to the 'bond' in terms of the effect this has on the child. Another secretary, this time aged thirty-one and married, makes a similar point about the link that exists between the surrogate and the fetus she carries, but this time presents it in terms of the effects of this on the surrogate mother:

This is a very difficult one. Initially it's going to be the woman who produces the egg, but the other woman could be classified as the mother because she actually carries the child. She's going to have all the emotions of having actually borne the child and could therefore be classified as the mother.

A third informant, a 26 year-old, unmarried secretary said

Well, I think the surrogate mother is the mother really. Because I think she is a lot closer to it. I think she's acting in more than a 'grow bag'⁵² capacity because she has direct links to it. She's providing all its nourishment and whatever she does directly affects the baby; if she doesn't eat properly the baby doesn't grow properly. She has to take care of herself in order to bring up the baby, so I think she's the mother really.

This statement suggests that motherhood is concerned (at least in part) with 'closeness' and, it was suggested in Chapter 5, that closeness refers to being close to the same thing, or an 'extension of self'. A 'close' relationship, moreover, is premised on a moral stance. In

Chapter 5 we saw how relationships were defined as 'blood' if 'closeness' obtained. In this chapter we find a suggestion that motherhood partly is defined by the existence of 'closeness'. This point will be discussed further in Chapter 7.

Ten informants thought that the woman who provided the egg was the mother, even though she had not carried the child. For example, the 37 year-old company director said "In theory, yes, the (genetic) mother is the true one and the other one's just the conveyor belt to get it going." Significantly, although informants were often expansive in describing why the carrying woman or surrogate should be understood as the mother, informants attributing motherhood to the woman who provided the genetic material made little elaboration of this point.

Nine informants thought that *both* women had to be recognised as mothers, as each woman's contribution represented elements of what was understood as motherhood. For example, a 29 year-old married student said:

...although the egg will have come from the would-be mother, you're still joined through your placenta and feed...the person's who's carrying the baby feeds the baby...so if I, for instance, was the surrogate mother, it would be my blood going to the baby even though it was actually composed of cells from two totally different people.

Blood and surrogacy

Following this statement suggesting an important relationship between the surrogate and the fetus based in some way on blood, twenty-three women were asked, in the case of full surrogacy, who did they consider to have a 'blood' relationship with a child at birth; the genetic

'mother' or the surrogate 'mother'. Answers obviously depended to a large extent on the way in which the concept of 'blood' was understood and, as before (see Chapter 5.5), some informants perceived it as a fairly straightforward matter of genetics, while others understood 'blood' to denote a tie that was principally emotional. A further group of women saw the fact that a surrogate mother physically 'shared' her blood with the fetus as an important consideration in deciding who had a 'blood' relationship with the fetus.⁵³

In all, six women felt the carrying mother had the greater claim to a 'blood' relationship with the fetus. For example, a 26 year-old teacher said:

Well, it's the fact that the embryo is feeding on her body to grow and to become a person, so yes, there's a tie. Whether it's 'blood' or not I don't know. I suppose it is blood because the blood's going...oh, I don't know. Yes but it's the fact that you're feeding it - it's like adoption isn't it? I mean the child is your own because you're feeding it and giving it what it needs. If you adopt a child then you're giving it the care so it becomes yours.

Relatedness - being or becoming 'yours' - is for this and five other informants predominantly premised on care and nurturance.

Conversely, seven informants thought the genetic mother had the 'blood' tie. The 39 year-old vision mixer said, for example:

Well, technically, ...I was going to say the blood relationship is with the sperm and ovum; those are the chromosomes and the genes that actually make the child but on the other hand, the blood from the carrying mother has been crossing through the baby, through the placenta, so I don't know. I suppose on the whole it's not the blood that gives you your characteristics, it's the genes, so therefore that must come from the ovum and sperm...'cos you can have a complete blood transfusion and still be the same person.

Clearly the issue was by no means straightforward. A 39 year-old clerk commented that "I am aware of the fact that I'm contradicting myself a bit, but it's that sort of issue." She was not alone. Even where there was no contradiction within informants' arguments, there was often hesitancy and uncertainty. The 26 year-old, married secretary demonstrates the tentative nature of informants' views:

I'd say the woman who donated the egg (had the blood tie) although if the embryo's grown in the other woman it's been sort of growing in her...it shared her blood going through the body for nine months. But no, I'd say it was the woman who donated the egg.

Three women were unable to come to any decision. A further six thought *both* women stood in a blood relationship to the child arguing that a 'blood tie' could be claimed on the grounds of genetic contribution *and* the contribution made during pregnancy and birth. A 42 year-old housewife expanded on this point:

They [genetic and surrogate 'mothers'] probably both are blood relatives. Probably the child would be more like the woman who donated the egg in characteristics and whatever...if it were brought up by her. But on the other hand it could always think of the surrogate mother as being its mother. Depends what you mean by 'mother' - is it the one who has the egg or who actually gives birth, that's the trouble, isn't it? They both are in fact. It's much more complicated, isn't it, than donating sperm...it's just sperm!

No-one saw the issues of 'blood' or 'motherhood' as straightforward ones and the difficulty of deciding on a single 'mother' in the context of surrogate arrangements appeared to be one reason for many informants' misgivings about the practice of surrogacy. All however were clear that the claims of the surrogate or genetic mother

were overridden by those of the woman who 'raised' the child (see Chapter 7).

6.13) Reproductive technologies and relatedness: a wider view.

This final section attempts to locate informants' views within a broader social context by looking briefly at medical and legal discourse concerning the reproductive technologies.

It has been suggested that the infertile generally resort to surrogacy because it offers not only the chance of parenthood but the opportunity for a genetic relationship with a child (cf Singer and Wells 1984: 112). Like IVF, the practice of surrogate motherhood appears to be founded on a particular, genetic view of parenthood and relatedness. This genetic view, however, appears particularly relevant to the notion of fatherhood: my data suggest that genetic input is not necessarily understood as a prerequisite for establishing *motherhood* at the time of birth. Indeed, the role of gestation was perceived to be important and influential on the development of the fetus. This view is at odds with one expressed by Corea (1986: 221) or Broderibb (1989: 141), for example, that surrogacy emphasises the view of woman as a passive vessel.

My informants were not unique in believing that the process and conditions of pregnancy itself - as opposed to merely those of conception - inform understandings of motherhood.⁵⁴ For example, despite the emphasis it places on descent by 'blood' (see 6.8), the Feversham Report states that the biological aspect of fatherhood, which involves only the moment of conception, is less significant than that of motherhood, which involves nine months of pregnancy followed by birth. Moreover, the report states that the child is more closely attached to the mother in the first few years of its life (1960: 44).

Similarly, in 1987, the Annual Representatives Meeting of the BMA held a debate on surrogacy which ultimately rejected the principle of surrogacy.⁵⁵

In the course of this debate, the chairperson is quoted as saying:

By the time the baby is born there is a bond between the mother and the child. With surrogacy you break that bond. You are depriving the child of one natural parent. We think that is wrong (Veitch 1987).

It is not clear whether this statement refers to partial or full surrogacy, or whether the distinction in this instance is an important one. Nonetheless, the importance of carrying a child is explicit in the following statement. It comes from the discussion of a private members bill introduced by the Earl of Halsbury to amend the Surrogacy Act of 1985, in which the Bishop of Rippon said:

Within the Church, the argument has been that the strong bonding lies between the bearing mother and the social mother - that is to say, the mother who bears should surely be regarded in law as the mother.

Similarly, social scientists Snowden, Mitchell and Snowden have stated:

It is known that the developing relationship between mother and child during pregnancy is of considerable importance for the future well-being of the child. To break this bond is traumatic for the mother also (1983: 170-71).

In other words, there are indications of a widespread belief in the importance of the relationship between the pregnant woman and the fetus. The significance of this relationship is assumed; Snowden, Mitchell and Snowden (1983), for example, state that the importance of this relationship is 'known' without citing any evidence. Indeed, how can such a relationship be measured and known? These statements from individuals, some of whom have scientific training, do not present us with scientific 'facts'. Instead they offer glimpses

of the premises on which a cultural understanding of procreation are based, in which nurturance, in a variety of forms, plays a significant role. This particular view of procreation is, I suspect, a fragment of the ontogenetic model outlined in Chapter 2.5 and elaborated in this earlier part of this chapter (6.3).

Surrogacy, paternity and maternity

The assumption regarding the importance of the mother-child bond also appears implicit within more recent legislation. For example, if the Human Fertilisation and Embryology Bill (1989) that is presently awaiting its final reading is passed, the woman who bears a child will be, in law, regarded as its mother, irrespective of her genetic connection to that child. Thus, with surrogacy the only way that the *commissioning* parents may become legal parents is through formal adoption (BMA 1990). We have already seen how the husband of a woman receiving AID is now regarded as the child's legal father (see section 8). Genetic connection, therefore, is overridden by other factors in the recognition of maternity and paternity. This situation is not new. Genetic connection appears to be an important principle in the recognition of paternity and patrimony in some contexts, as shown by the Feversham Report (1960). However, there also clear exceptions to this principle, adoption being one of these.

What then overrides the principle of genetic connection? According to Smart:

It is *marriage* and not the blood tie (sic) that confers automatic paternity on men and creates a legal relationship between children and fathers. ...[Marriage] is no longer the only means [of doing so] but it remains the most important one. (1987:101)

She finds that the legal category of illegitimacy is crucial to understanding the construction of paternity as it is here that biological fatherhood and legal fatherhood come adrift (1987: 101). This point is important, Smart emphasises, where there is an assumption that law should follow biology, and where it is believed that the biological relationship between 'fathers' and children has always been, and should remain, sacrosanct.

The construction of maternity has been such that, until now, biological and legal understandings have generally been less disjointed than in paternity. However, marital status has been known to overrule biology in that, before the nineteenth century, an illegitimate child was *filius nullius* or 'the child of no one'. Since then, illegitimacy has had no relevance to the construction of maternity, although marital, and perhaps other forms of social status or sexual identity, appear to be becoming more relevant with the new reproductive technologies (Smart 1987).⁵⁶ As Smart states, the English legal tradition has long been prepared to ignore biological relationships under certain circumstances. Indeed, legislation concerning the legal parentage of children born of reproductive technologies suggests that the greatest concern is to ensure that such children should be born within marriage. The issue of deciding who are the 'true' *biological* parents is therefore side-stepped.

In as much as surrogacy creates very similar problems to those associated with AID, it is interesting that surrogacy, according to Corea (1985), has not been greeted by the same outcry that marked the introduction of AID. If this is indeed so, how much of the response to AID was due to its status as forerunner to other reproductive technologies, and how much for other, less obvious reasons, is difficult to surmise. According to Corea, the principle reason for different responses to AID and surrogate motherhood has been that surrogacy is not perceived to undermine men's claim to paternity (1986: 245). On the contrary, "It is clear from contract and practice that the purchasing father is the key figure of the industry" (Ince 1984:112). Contracts require the delivery of the child to the commissioning father while the adoptive mother remains invisible or is only occasionally referred to, either as the "wife of the father" or "the potential step mother" (Ince 1984). On the other hand, AID is seen to allow women a certain autonomy in reproduction and, as such, threatens the institutions of fatherhood, marriage, the family and society (Ince 1984).

According to this kind of analysis, surrogacy has to be understood *primarily* as an ideological device, reflecting patriarchal interests and based on a male consciousness of procreation. Its introduction has not required permanent or fundamental changes in the patriarchal order (Brodribb 1989: 140; 154-55). Indeed, the concordance of surrogacy with patriarchal principles is made manifest in the way that "[w]estern society has long glorified that pre-eminent surrogate mother: the Virgin Mary" (1989: 141).

However, it is not entirely true to say that surrogacy offers little threat to patriarchal values or the institution of paternity. Brodribb herself has noted in a different context that the possibility of surrogate arrangements between women would be very different in nature to those between women and men (1989). Such arrangements would allow women reproductive autonomy in much the same way that AID does once the problem of obtaining sperm is overcome. In addition, if the proposals of the Fertilisation and Embryology Bill (1989) are accepted, not only will the surrogate mother be recognised as the legal mother at birth, but her husband will be recognised as the child's father (provided that he consented to the surrogacy arrangement). In this instance the genitor appears to lose all rights to the child; he is not even an 'unmarried father' with the rights and responsibilities that this has entailed up to now. The very possibility of this occurrence indicates that the suggestion "[t]o emphasise the genetic is to adopt a masculine consciousness of birth." (Brodribb 1989: 141) is an oversimplification.

If the law reflects patriarchal values, as many have suggested, then genetic considerations are certainly not the only ones important to patriarchy. There are two trends in jurisprudence which come into conflict in the case of surrogacy and in certain other instances such as AID. The first is that claims to parenthood are based on genetic relationships regardless of other relationships, such as social ones. The second is the legal assumption that a woman's husband is the legal father of her child - *pater is est quem nuptiae demonstrant*. Proposals within the Human Fertilisation and Embryology Bill (1989) overturn the former in favour of the latter. There is then no new legal

assumption, only a different emphasis, and an emphasis that remains consistent with patriarchal values. Over and above the principle of genetic connection is one that stresses marriage and 'the family'. This suggestion is compatible with that made by Barrett and McIntosh, for example, that it is the ideology of familialism which is important rather than the biological family itself (1982: 25-26).^{57,58}

Genetics versus 'the family'

We have seen in this chapter that the new conceptive technologies are notable not least because they are capable of fragmenting certain aspects of parenthood that were previously understood as indivisible. There was always a potential disjunction between the male role of genitor and that of social father (see, for example Barnes 1973; O'Brien 1981).⁵⁹ The new conceptive technologies merely underscore the possibility of this disjunction and extend it so that, for the first time, the female role in reproduction may be similarly disassembled. Despite this, the conceptive technologies do nothing to challenge the ideal of the biological family. One of the main arguments for their use is that these techniques offer the possibility of 'one's own child', that is, a child that is constituted by the genetic material of at least one future parent. The fact of a genetic relationship between a parent and child is suggested to be not only one of the pillars of the biomedical model of reproduction, but one that is given increasing weight. According to Spallone, "scientific concepts of genetics and 'genetic identity' are swiftly becoming the most defining aspects of human relations and control of reproduction" (1989: 26). The conceptive technologies are viewed as central in this process, with techniques such as IVF promoting

the 'superiority' of a genetic relationship. Similarly, when a genetic relationship is not possible, reproductive technologies provide a 'second best' alternative by matching the genetic traits of egg and sperm donors as far as possible, to provide the parents with a child who is, as far as possible, the 'same'.⁵⁰ The conceptive technologies therefore both uphold the ideology of familialism while threatening the assumption that the relationships which constitute 'the family' are natural entities.

We have seen how 'the family' is socially constructed on the premise of biological links (see, for example, the discussion of paternity and maternity in this section). In addition, it has been shown that 'blood' as an idiom of relatedness between 'family' members may refer to a genetic or biological link, but also implies a moral relationship that exists in the presence or absence of a genetic connection (Chapter 5:5). The meanings of 'the family' and 'blood' therefore slip between a biological and a social pole. It might be argued that this constitutes slippage between a biomedical worldview and a lay one. However, we have seen how, even amongst biomedical practitioners, the emphasis on biological relatedness is essentially ideological.

In this chapter we have seen indications that the religious and legal establishments regard birth within marriage to be more important than the existence of biological links between parent and child. In this they emphasise the gestational role of the carrying mother. Similarly, in their discussion of surrogacy vignettes, many of my informants suggest that the gestational role is at least as important as the genetic role in defining 'motherhood'. Moreover,

for many of these women a 'blood' relationship refers both to a genetic and a nurturing relationship.

6.14) Conclusion

During the course of this research I was often struck at the difficulty that informants (and others) appeared to experience in articulating their views on the reproductive technologies. This was not merely because the implications of these technologies were hard to envisage, but also because informants' perceptions regarding procreation are, I suspect, elusive. Moreover, they appear elusive for a number of reasons.

The first is to do with the kind of knowledge informants hold about procreation - what I have referred to earlier as 'ineffable knowledge' (see 6.3). The second reason is because of the complexity of informants' model of procreation. Some of its components have been glimpsed in this dissertation, such as a belief in the equal genetic contribution of the sexes *alongside* the very different roles of the male and female (with, for example, the man as 'begetter' or 'inseminator' and the woman as nurturer). Third, the constituents of this model may not be entirely what they appear. For example, it is improbable that informants' understandings of the processes of genetic inheritance will precisely correspond with those informing the work of biogeneticists.

Despite their elusiveness, however, informants' understandings of procreation and relatedness are not totally beyond grasp and it has been possible to glimpse something of the way in which such ideas are constructed. These will be reviewed in the chapter that follows. In addition I shall speculate about the way in which relatedness is perceived through an examination of spatial metaphors which appear to denote the moral relationships between those who are 'related'.

CHAPTER SEVEN: CONCLUSION

This study has had a number of aims. I have attempted to uncover something of the ontological basis of relatedness as perceived by informants, with a view to contributing towards the anthropological understanding of 'English' kinship. Prompted by the work of Schneider (1972; 1980), I wished to learn more about the way in which 'substance' might be understood, and about the relation of this substance to the physical body, by looking at informants' notions of 'blood' and 'flesh and blood'. Moreover, I hoped to gain insight into the cultural construction of the body in order to better understand the way in which relationships between bodies are perceived by informants. In addition, as the work proceeded, it became clear that it was necessary to address the problem of why informants, given the way in which they tend to privilege biomedical understandings of reproduction, apparently downplay the significance of biological connection in the recognition of relatedness:

I propose to summarise my findings under the headings of 'the ontological basis of relatedness' and 'the relation between lay and biomedical knowledge', assessing the extent to which the aims I refer to above have been met and suggesting a number of themes for future work which might build on this study. The theme I give greatest attention to - the usefulness of an analysis of 'positional' metaphors - has already been hinted at in Chapter 1.2.

7.1) The ontological basis of relatedness

The ontological basis of relatedness has been approached by examining the following:

- i) informants' understandings of procreation,
- ii) their perceptions of the body and its boundary and the relation of these to personhood,
- iii) the meanings attached to 'substance', described as 'flesh' and 'blood', that may be shared between individuals, and
- iv) the preconditions governing the recognition of relatedness (the principles of 'sameness', 'openness' and 'closeness').

The dissertation argues that it is important to consider broader metaphysical principles, such as the metaphysics of Christianity, which may influence relatedness. Following Delaney (1986), I find certain parallels between informants' understandings of, on the one hand, the roles of God and the Virgin Mary in the Virgin Birth and, on the other, the roles of male and female in the secular form of procreation. However, the model of procreation suggested by my data emerges as more complex than that described by Delaney. In addition to a perception of men sowing 'seed' which women then sustain, both men and women are seen to contribute equally to the substance of the child. This substance is, at one level, 'genetically' determined. That is to say, the child will inherit certain characteristics in terms of appearance or character from each parent and their forebears. It appears that these shared characteristics are understood as resemblances or *similarities* rather than 'sameness'. The substance wrought by procreation is ambiguous in a further

respect, as demonstrated by the notion of 'flesh' which can be understood as the 'meat' that covers the structure of the human skeleton but which also refers to the humanity, the mortality, the sexuality and the potential for moral and physical corruption that is associated with the 'person'.

Moreover, the data suggest that the body is ambiguous in ways beyond the equivocal nature of its substance. The body is perceived to be differently constituted for men and women, at the very least because the feminine body is more clearly premised on both its potential for 'openness' and its integrity. Attitudes towards the body and its products suggest a fusion of the bodily and the ethical but, at the same time, the boundaries of the physical feminine body are not necessarily isometric with those of the self. This is most clearly the case with a breastfeeding mother and her child, who appear to constitute a moral unity, an 'extended self' (see Chapter 4:7). The 'close' relationship between a mother and child is signified by the relationship that exists between their bodies and by the way bodily substances are transferred between them; a child ingests its mother's milk and the mother treats the child's body products as her own (see Chapter 4:3).

Body products not only help to demonstrate the boundary of the self but, my data indicate, additionally help to indicate the degree of 'closeness' or 'sameness' that exists. It is proposed that 'closeness' is a way of indicating 'sameness'; the 'closer' someone is, the more they are perceived to be the 'same'. 'Sameness' is epitomised, for example, by the breastfeeding mother and her young child. It is also indicated by the recognition of shared 'blood'. By and large,

'blood' relationships are recognised between those who have some biological link. However, a 'blood' relationship may be denied where there is clearly a genetic relationship, if there is no 'closeness', and, conversely but less commonly, a 'blood' relationship may be recognised where there is no biological link. Such 'closeness' generally referred to a social intimacy based on a degree of emotional openness and expectations of support.'

The term 'flesh and blood' encompasses a specific, core group of relationships, again premised on 'closeness', but additionally associated with the process of 'upbringing'. On the whole, 'flesh and blood' relationships exist either between those adults who raised children and the children they raised or between those who were raised to adulthood together - providing 'closeness' is maintained. Significantly the study finds that, despite the association of 'flesh' with sexuality, sex (whether as discourse or act) is taboo among those of the same 'flesh and blood'. By informants' definition, incest is a sexual act which involves 'close' 'family' members. However, the form of incest which brought most disapproval was that involving any kind of sexual or quasi-sexual behaviour between a 'close' adult and child. It has been suggested that the mother and breastfeeding child represent the greatest approximation of 'sameness', but the extent to which a father and child can be considered 'the same' is not clear. It is possible however that the prohibition of incest is, in part, a prohibition of sex with that which is the 'same'. Moreover, the taboo concerning sex with those associated with 'upbringing' may help to give shape to the ethics associated with 'raising' a child to full personhood.

What is suggested, therefore, is that informants have a multivalent understanding of relatedness premised on principles of 'sameness', 'closeness' and 'openness'. Moreover, this view of relatedness interweaves an understanding of physical connection drawn, in part, from biomedical genetics with a range of perceptions (influenced, for example, by the metaphysics of Christian tradition) which stress the importance of social and moral interconnectedness.

Limitations and possibilities

The principal limitations of this analysis have, for the most part, been indicated in Chapter 1.4. For example, it is not clear to what extent the ontological model of procreation indicated by informants or, more specifically, the positive value attributed to nurturance, are more likely to be found among women than men. Perceptions of the body, such as its ambiguous integrity, are presented in the dissertation as specific to women, but there is no corresponding male view of either the masculine or the feminine body to weigh against this. In the same way, notions of 'sameness', 'closeness' and 'openness' may hold different meanings for men. Indeed, the analysis presented here, with its emphasis on the gender-specific nature of informants' perception of bodily integrity would suggest we might expect to find clear differences between male and female informants. Similarly, my informants are presented as if they represent a unified group: although they share a certain range of experiences (such as being sexually active, heterosexual women in their fertile years, whose need to control their fertility brings them into contact with biomedical knowledge and technologies), their varied experiences arising from different socio-economic or ethnic backgrounds have not been drawn out. Thus, this

dissertation presents an understanding of procreation and relatedness which would no doubt become more ambiguous or more nuanced should such experiences be taken into account. It is suggested that one means of access to the potentially different identities (such as that of 'class') which may exist under the umbrella of the category of 'Englishness' might be through a more detailed study of 'substance' (see Chapter 1.4 for an elaboration of this point). Such a study, moreover, requires a different research setting; it is difficult to assess the extent to which gathering data within a clinical environment, as I did, influenced informants' comments and certainly this particular research setting imposed limitations on the methodologies that could be employed (see Chapter 1.4). Other locations for future research might be found through community organisations, such as tenants' groups. Alternatively, working within the 'family' networks of active members of a particular church might allow a more detailed analysis of the significance of Christian metaphysics for the understanding of relatedness.

A second theme for further work, and linked to that of 'substance', concerns the integrity of the person, particularly in relation to the transmission of body fluids between individuals. I have restated above the way in which the relationship between a mother and young child can be understood in terms of an 'extension of self', particularly where breastfeeding occurs. Breastmilk, and in other contexts blood, appear to signify 'sameness', while other body products identified as 'waste' helped to mark difference. Informants' attitudes towards semen, (a substance which is, I would think, unlikely to be regarded as 'waste') were not ascertained. However, a discussion of the practice of artificial

insemination by donor raised the possibility of a parallel between breastfeeding and breastmilk on the one hand and heterosexual intercourse and semen on the other, with the transmission of semen also marking an extension of self which transcended the boundaries between two individuals (see Chapter 6.8). This suggestion is supported by the work by Wolfram on English kinship (1987). She has described, for example, the tradition within Christianity in which a man and woman become one upon marriage (provided the marriage is consummated). This tradition, she argues, has - at least until recently - had major implications for the way in which affinal relations have been perceived (1987: 197). This possibility of the 'collapse' of two persons into one is also significant in the light of literature on personhood, which has tended to assume that, in contrast to other cultures, the category of the person in the West is one of a discrete, substantially unchangable unit (see Chapter 3.2). From this it follows that a study which examines, for example, the meanings attached to marriage and sexual intercourse, together with male and female informants' perceptions of body products including semen and, additionally, compares affinal and consanguineal relationships might throw further light on the understanding of personhood and relatedness in western culture.

A third theme for future research suggested by this study arises from the possibilities certain metaphors offer for glimpsing informants' personal ontologies. It was suggested in Chapter One (section 2) that the moral domain might be approached through the study of metaphor. Here I would like to enlarge upon this suggestion and propose that the 'positional' metaphors used by informants indicate something of the ways in which those categorised as 'blood'

or 'flesh and blood' are perceived, and of the morality associated with these groupings. This part of the conclusion is speculative, but justified in that it raises interesting questions for further research into the ontological basis of relatedness.

Metaphor and morality

During the course of fieldwork I became aware of the way in which many informants made use of terms such as 'falling', 'standing' and 'raising' in the context of procreation. For example, women were said to 'fall' pregnant; the recognition of children as persons coincided with signs of their independence or 'standing on their own feet'; the process of bringing a child to adulthood was referred to as 'upbringing' or the 'raising a child' (see examples of these marked in bold emphasis throughout this dissertation). These expressions were all familiar to me. What was unfamiliar was the consistent way in which these terms were used, a consistency which became clear only when I reviewed the data. How, then, should such terms be collectively understood? To answer this question, I propose to treat them as metaphors, bearing in mind the point made by Overing (1985), that there is a fine line between literal and metaphorical utterances.²

Lakoff and Johnson (1980) have referred to the kinds of tropes I found used by informants as orientational metaphors which are linked to the kinds of bodies we have and to the specific way our bodies function within any particular physical or cultural environment. Most pertinently, these authors

refer to a range of 'up-down' orientational metaphors which indicate that health and life are associated with 'up' (we reach the 'peak' of fitness, Lazarus 'rose' from the dead), while sickness and death are linked to 'down' (we 'fall' ill or 'drop' dead). According to Lakoff and Johnson, this complex of metaphors has a physical basis in as much as serious illness forces people literally to lie down. Similarly, virtue is associated with 'up' (as with 'high' standards), while depravity is linked with 'down' (as in 'low' tricks). This group of orientation metaphors, Lakoff and Johnson suggest, is linked to our physical and social experience in the sense that, just as 'up' represents what is good for a person, it also represents what is good for society as a whole.

Lakoff and Johnson (1980) suggest that most of our fundamental concepts are organised in terms of one or more spatialisation metaphors, each of which has an internal systematicity. For example, the association of health with 'up' represents a coherent system and not a number of random or isolated cases; there is no context in which "He is sinking" implies that a man's health is improving. Beyond this internal systematicity is an overall external coherence, so that the association of health with 'up' is matched by other states of well-being (such as happiness) similarly associated with 'up'. However, it is suggested that "no metaphor can ever be comprehended or even adequately represented independently of its experiential basis" (1980: 19).

For example, being vertical enters our experience in many different ways and therefore gives rise (so to speak) to many different spatialisation metaphors.

However, Lakoff and Johnson place limits on the experiential basis of metaphor in that they believe "we typically conceptualise the non-physical in terms of the physical" (ibid: 59). They suggest that, because physical experience is more clearly delineated than other forms of experience, it offers greater possibilities for conceptualising the less concrete, such as emotion. Hence, "[t]he essence of metaphor is understanding and experiencing one kind of thing *in terms of* another (1980: 5) [my emphasis].

This is very different to an understanding of metaphor as a way of revealing psycho-physical unity. Rather than defining metaphor as a way of making a statement about something else, of showing the "thisness of that" (with the implication that one part of the trope is made primary), metaphor can be regarded as demonstrating the "thisness of this" (Jackson 1989: 142). By way of example, Jackson refers to how we 'fall' or are 'thrown' when our environment is disrupted. For instance, when we 'fall' in love or 'fall' ill, there is a simultaneous disorientation of mind and body which refers to basic ontological Being:

In this sense, uprightness of posture may be said to define a psychophysical relationship with the world, so that to lose this position, this 'standing', is simultaneously a bodily and intellectual loss of balance, a disturbance at the very centre and ground of our Being. Metaphors of falling and disequilibrium disclose this integral connection of the psychic and the physical; they do not express a concept *in terms of* a bodily image" (1983: 329).³

Jackson has described how bodily praxis may induce or suggest ethical ideas (1983: 1989). By the same token, if one assumes there is psycho-physical integrity, metaphors referring to bodily praxis may similarly suggest ethical

ideas. This dissertation is restricted in scope in that it concentrates on data arising from the spoken word and not from bodily praxis. I am therefore unable to comment on the relation between the ethics concerned with 'falling' pregnant, 'standing on one's own feet' or 'raising' children and bodily praxis. What does seem apparent, however, is that the ethics of 'raising' children and the social relationships of those involved in this (those who are 'related') are expressed in terms of metaphors pertaining to bodily stance. It has been suggested that models of social space may offer a way of understanding the development and maintenance of social structures, such as alternative procedures for computing kinship distance (see, for example, Farber 1981). This study suggests that the metaphor of 'falling', and its antithesis of 'being raised', might be seen to indicate disequilibrium in the sense of representing movement or change within a particular kind of social or moral space. This 'space' appears to be constituted by the relationships between those of the same 'blood' or 'flesh and blood' and who have the responsibility of recreating or renewing a sphere of moral order through 'raising' children to adulthood. The rest of this section will examine this suggestion in more detail.

Falling pregnant

Before beginning fieldwork I was aware of a number of expressions used among those of English culture to refer to the state of pregnancy, such as having 'a bun in the oven', being 'in the club', being 'knocked up' or 'falling' pregnant. These ways of referring to being or becoming pregnant were only explored in any depth with Katy. She understood the majority of these expressions as derogatory ways of referring to pregnant women that would only be used by

men.⁴ However, the expression 'to fall pregnant' was one that Katy herself used. Initially she explained the term as follows:

I think that if someone were to say "if I fall pregnant" it would mean if I were to fall pregnant by accident" whereas if you were trying to have a baby you wouldn't use that phrase 'to fall pregnant' because you were planning it.

Nonetheless, other discussions with Katy suggest that 'falling' pregnant is not simply a question of becoming pregnant by accident. She also states, for example, that "You could say "I fall really easily"." In other words, 'falling' pregnant appears to refer to becoming pregnant or the 'act' of conceiving irrespective of intention. Despite Katy's explanation of 'falling' as accident, subsequent discussions about her family show that Katy uses the expression to refer to her own pregnancies, which were all planned. Thus the expression 'to fall pregnant' conveys a sense of error, or of conception and pregnancy as processes beyond control. This is the case even though a specific pregnancy may not be viewed as a mistake.

One way of explaining this may be in terms of the ontological implications of pregnancy. Jackson's argument implies that 'falling pregnant' entails a disorientation of Being-in-the-world, a simultaneously physical and ontological jolt (1983). Certainly pregnancy has a number of physical and existential implications, irrespective of whether it occurs by intention. For example, pregnancy may come about despite the use of contraception, or may not occur in the absence of any contraceptive practice. Moreover, once established, a pregnancy will develop, to a large extent, independently of its mother. The

fetus draws its nourishment from the mother, irrespective of her own nutritional status. Similarly, the mother is aware of the independent movement of the fetus within her own body. In this sense, pregnancy exists beyond the mother's volition and, as such, poses certain ontological questions about what is self and other.

A further way of explaining the sense of error associated with 'falling pregnant' may be in terms of the cosmological implications of conception. According to the Christian tradition, with 'the Fall' came the alienation of human kind from God. This alienation is believed to be mitigated by the Virgin Birth, which represents a renewed intimacy between God and humans. However, unlike other mythologies which suggest that every human birth may be understood at some level to restate the intimacy between the divine and the secular, the Virgin Birth is a unique occurrence (Warner 1985: 46). Thus, this moment of intimacy aside, Christians have seen themselves as continuing to participate in the tragedy of the Fall and the subsequent alienation from God (Warner: 1985). From this it can be argued that, if the Virgin Birth is a unique event representing the intimacy between God and humanity, other conceptions might represent the alienation of humankind from God. In other words, secular conception traditionally carries with it the sense of a 'fall from grace'.⁵

'Falling pregnant' also needs to be understood in relation to the other orientational metaphors of 'standing' and 'raising'. It will be suggested in the following section that these refer to the process of attaining adulthood as a certain psycho-physical position in the world and as a state of moral responsibility. A child is 'raised' and supported by its kindred (those of its 'blood' and 'flesh and blood') to attain a position of 'standing' which incorporates a moral rectitude.

In 'falling pregnant' it is apparently the woman who 'falls', rather than the child or fetus she carries, as if in 'falling' for a particular child, women temporarily surrender a certain ontological position to be 'with child'. Katy, for example, talks of when she 'fell' for Jack. However, we have seen that, in its early life, the child appears to be the 'same' as its mother, with mother and child constituting an extended self. In this sense it is possible to understand why - in addition to its physical recumbence, its position in the social hierarchy, and its 'irrationality', which are all expressed by a range of orientational metaphors emphasising the child's 'lowness' - the newly-born child might be seen to require 'raising'.

Standing/Raising

It was suggested in Chapters Four and Six that a mother and child are implicitly understood as being 'close', to the point of being 'the same'. This state of unity or extended self seems to continue until the child is recognised to have attained a degree of personhood (see Chapter 3). Such personhood, for many informants, is marked by a degree of autonomy from the mother and is

referred to, for example, as the child 'standing on its own feet'. Those who are 'close' to the child, his or her 'flesh and blood', continue to play a role in the child's 'upbringing' after these first indications of independence.⁶

The association between moral rectitude and physical erectness has been remarked on elsewhere. For example, in a study of selfhood and the experience of being embodied, Levin states that moral and physical uprightness are inseparable or ontologically intertwined, saying "a morally upright life begins with, and is inseparable from, a balanced, upright posture" (1985:270). Levin appears to talk in universal terms when he refers to the experience of Being. Others have confined themselves to demonstrating an historical association of posture and morality within western culture (see, for example, Vigarello 1989 and Schmitt 1989).

Informants indicate that becoming 'upright' is a continuing process, referred to most clearly as 'upbringing'. Moreover, it is through 'upbringing' that the notions of 'blood and 'flesh and blood' and the meaning of the relatedness they denote become more apparent. These notions, in turn, are paralleled by a further set of notions, those of 'openness', 'closeness' and 'sameness'. In Chapter Five it was suggested that these may be differently emphasised by informants but, taken together, indicate something of the morality associated with relatedness. This complex of personal ethics corresponds with a bodily idiom. Hence 'openness' may refer both to a physical and a psychological openness. Similarly 'sameness' suggests a physical and an ontological equivalence and 'closeness' both a physical and emotional proximity.

The notion of 'closeness' was particularly stressed by informants. For example, there was a clearer parallel between the use of 'close' and the use of 'blood' or 'flesh and blood' in the description of a relationship. Both those who were perceived as 'blood' (and especially those of the same 'flesh and blood') and those who were regarded as 'close' appeared to play a role in individuals' 'uprightness' or 'standing'. This was indicated, for instance, by informants' explanations of 'closeness'; those who are 'close' will "always *back you up*", "won't *let you down*", and "will always be *there*". Similarly, "You can always *fall back on* your parents...your parents are always *there*" and "they're always *there to support*".

These expressions give a sense of those who are 'close' as forming a protective ring around the informant and preventing her from keeling away from an upright stance. It is therefore suggested that the positional metaphors used by informants indicate a 'morality of kinship', expressed in a bodily idiom and concerned with the attainment of ethical and existential status of those who are recognised as 'the same', or close to the same. Moreover, it appears that, through helping to maintain this uprightness, by remaining 'close', the recognition of 'sameness' is reinforced. This interpretation of the metaphors used by informants warrants much greater attention, particularly in terms of verifying it with informants.

7.2) The relation between lay and biomedical knowledge

The previous section suggests that, to a large extent, relatedness is perceived by informants as a matter of social and moral relationships. This, to some extent, answers the problem raised at the beginning of this dissertation - namely, why should informants downplay the significance of biological connection, given the way in which, in many contexts, biomedical knowledge is apparently privileged? Many findings of this study - such as the existence of an 'ontogenetic' model of procreation, the significance of 'orientational' metaphors, the ambiguity of the body's 'substance' and integrity - have indicated a conflation of physical and metaphysical domains. In this light, it is not suprising that informants fail to privilege biological connection in their perceptions of relatedness; biomedical knowledge is only one of a range of influences on these perceptions. Thus the problem is not entirely solved but requires to be recast as follows: given the co-existence or even complementarity of lay and biomedical knowledge indicated by informants' understandings of procreation and relatedness, why do they privilege biomedical knowledge (as indicated, for example, by one woman's comments while completing the drawing exercise (see Chapter 1.7))?

Some research has already examined this problem in terms of the social relations implicit in the production and uptake of medical knowledge (cf Martin 1987). There remains, however, an ambiguity concerning the relation between the ontologies underlying lay and biomedical knowledge. In the context of this research this is perhaps most noticable in the way that genetic relationships and genetic material are understood. For example, this study has not closely

examined informants' understandings of what genes are, how they are transmitted from one generation to another or the means by which they are expressed within any individual. What has been suggested is that informants invest genes with the capacity to pass on physical and perhaps emotional characteristics from parent to child. Even this perception however is not elaborated, in that it remains unclear why genes are not expressed identically for every child born of the same parents. I suspect, however, that informants' understandings of genes and genetic mechanisms vary widely from those of geneticists and this is because a) informants have an incomplete grasp of genetic theory and b) less obviously, the principles of genetic inheritance share a superficial similarity with certain principles arising from other spheres of knowledge that are available to informants. In this context it is useful to restate a point made by Wolfram (1987), that being similarly related to each parent is a feature of English kinship which predates the development of the field of biomedical genetics. Thus, the similar nature of the relationship existing between a child and each of his or her parents is, in part, a matter of deeply entrenched local categories (1987: 204-5). These categories may have been influenced or reinforced by informants' perceptions of genetics but it is unlikely that they can be explained by biomedical genetics alone.

Just as informants' knowledge is composed of more than one element, the models employed by biomedical practitioners cannot be assumed to be purely the outcome of scientific knowledge (or even one particular form of scientific knowledge). In Chapter 1.3 it was suggested that biomedicine does not represent a homogeneity and that practitioners within this sphere employ a

range of different kinds of knowledge according to different contexts (such as in formal debates in the literature; in medical education; in discussions with colleagues or in consultations with patients). In addition, it was mooted that the personal cosmologies of medical practitioners may also co-exist with medical knowledge. This suggests the hypothesis that doctors of similar background to my informants may have an understanding of procreation and relatedness that is similar in many respects to that described in this dissertation, albeit that those aspects more compatible with biomedicine may be given greater stress. Indeed, future work arising from this research might usefully look for evidence of the ontogenetic model among doctors as one of a range that they employ, together with the extent to which the principles of 'openness', 'closeness' and 'sameness' on which part of the model rests and made explicit by the notions of 'blood' and 'flesh and blood', inform the everyday practices of medical practitioners. For example, we have seen how these principles presuppose certain understandings of the 'person', of the relationship between 'persons', and of the relationship between the person and the physical body which are very different from those found in the texts of biomedical specialties such as obstetrics or psychiatry. The findings of this research therefore reinforce the need, identified at the beginning of the project, to look more closely at the ontological principles underlying medical practice.

FOOTNOTES

CHAPTER ONE

1. For an explanation of such biomedical terminology, see Appendix A.
2. I follow Barnes in using the term 'knowledge' with the sense of 'accepted belief', rather than 'correct belief' (1974: ix) in referring both to lay and biomedical thought. See also Barnard and Good 1984: 162).
3. As mentioned before, IVF is justified partly on the basis of the genetic link it offers between a parent and child. In addition, IVF allows the possibility of sex selection and the genetic manipulation of inherited characteristics.
4. In Chapter 5.1. I explain why I use the term 'relatedness', rather than the more usual anthropological expression of 'kinship'.
5. The term 'model' is used with some caution. According to Holy and Stuchlik (1981), a model is a construct, mental or otherwise, which is built to represent something else. Alternatively, Kaplan (1964) prefers to reserve the term for those theories which can be understood as 'scientific metaphors' and which focus attention on certain resemblances between the theoretical entity and the subject matter. It is this analogy between the two domains that is seen to be of central importance. I do not use the term 'model' in either of these ways but as a way of referring to a matrix of beliefs or a collection of ideas which may not have been intentionally formulated and may not be at all systematic. The point has also been made by Eisenberg (1977) that models may be a way of imposing meaning onto the chaos of the phenomenal world, but they can be dangerous because, once constituted, they can become confused with reality. They tend to verify themselves because they exclude from consideration those phenomena outside their frame of reference; phenomena only become 'data' because of their relevance to a particular mode of thought.
6. This might be referred to as a culturally specific 'morality of kinship' (cf Overing 1985).
7. Here I use 'existential' in its phenomenological sense (see, for example Merleau-Ponty 1962) rather than as the existentialists, such as Sartre (1984) might. It is interesting to note that 'existential' comes from the Latin *existere*, with *sistere* meaning 'to stand'.
8. The emergence of science can be variously traced to the Renaissance in Europe, ancient Greece or Babylonia (Goody 1977), but it is widely conceptualised as following a pre-scientific period. The change in the mode of thought assumed to characterise the emergence of science has been represented as a move from pre-logical to rational mentality (Levy-Bruhl 1926), irrationality to rationality (Wilson 1970), wild to domesticated thought (Levi-Strauss 1966) or from a closed to open system (Horton 1970). However, in all these cases, different values are attached to each aspect of the dichotomy set up, so that the change from a closed to an open system, for example, is seen not simply as process, but progress.
9. This is described in the collections edited by Wilson (1970); Horton and Finnegan (1973); Hollis and Lukes (1982) and Overing (1985).
10. Kuhn (1977) has challenged the traditional understanding of the rational nature of science by arguing that the application of methodological criteria is mediated by a range of factors, including

aspirations and beliefs drawn from the scientist's culture, personal psychological idiosyncrasies, previous research experience and career prospects.

11. Barnes (1969: 97) has made a similar point.
12. See also Helman (1978) and Blaxter (1983).
13. Feyerabend (1975) has described this view of merger as a "Swiss Cheese theory" of the history of ideas and one which he rejects on the grounds of incommensurability. He argues against the view that a cosmology (A) has sizeable lacunae which can be filled by elements of another cosmology (B), while leaving all other aspects of cosmology A unchanged (1975).
14. See, for example, Ward (1966) who describes how Chinese Boatpeople carry at least three different 'conscious models' simultaneously on what it means to be Chinese.
15. I use the term 'paradigm' very loosely in the sense described by Kuhn (1963) when he said
A paradigm is a fundamental scientific achievement, and one which includes both a theory and some exemplary applications to the results of experiment and observation. More important it is an open ended achievement, one which leaves all sorts of research still to be done. And finally it is an accepted achievement in the sense that it is received by a group whose members no longer try to rival it or to create alternatives for it. (1963: 358)
16. Interestingly, we share our embryonic origins and genetic identity with our placenta but do not consider this a part of us after birth. Nor is the placenta as a discrete biological entity recognised as an individual after birth; it is an 'afterbirth'.
17. Before this stage, in some cases, no embryo develops. While usually one embryo will develop, occasionally two or more do so to produce identical twins, triplets etc., if all survive. In some instances, however, two conceptuses in the same uterus may, at this early stage, combine to form a "chimera" - a single embryo of two genetically distinct populations of cells. Up until this stage the conceptus may also still evolve into something non-human, such as a hydatiform mole.
18. The capacity of a fetus to survive from as early as twenty-two weeks of gestation has been unrecognised by law, which has until now taken twenty-eight weeks of gestation to mark viability under the Infant Life Preservation Act of 1929. This definition of viability is likely to change when the Human Fertilisation and Embryology Bill (1989) receives its final reading.
19. The mother does not reject the 'other' within her because, through the manufacture of special antibodies that mask the signs of 'other', the mother's immune surveillance system remains blind to the presence of the fetus, except in certain circumstances, such as Rhesus incompatibility.
20. In this study, motherhood and fatherhood are used as general terms. When it is necessary to be more specific, I use the following terms:
genetrix/genetic mother: the woman who provides the ovum for conception;
carrying mother: the woman who bears the pregnancy and gives birth;

social mother: the woman who gives principal care or is otherwise recognised as mother after birth;

maternity: the legal recognition of motherhood;

genitor/genetic father: the man who provides the sperm for conception;

social father: the man who gives principal care or is otherwise recognised as father after birth;

paternity: the legal recognition of fatherhood.

21. At the time of fieldwork, the Bloomsbury Health Authority was an administrative body responsible for health services within approximately ten square miles of inner London, and for a population of roughly 150,000 (although the catchment area for some services, including family planning, extended beyond this).
22. For details of this clinic see Appendix B.
23. See also Cornwell (1984) on the embarrassment raised by class differences between researcher and informant.
24. All the names that are used to refer to Katy's family are fictitious.
25. The history of Kentish Town goes back to at least 1400, its name deriving from the Celtic *ken* for river, in this case referring to the river Fleet which passes through the area. Once a famous site of watercress beds, the river has, since 1860, been compressed into pipes and used as a sewer. In the 16th and 17th century, Kentish Town was little more than a cluster of inns for stage coaches. With the Industrial Revolution, it rapidly transformed from a suburban village surrounded by fields into the urban sprawl it is today. The most rapid change took place between 1840 and 1870, with hundreds of three-storey, terraced houses constructed for families and their servants. The chief local industries were the manufacture of furniture, pianos and organs. In the 1860's, due to the massive infiltration of the railways, Kentish Town became increasingly noisy, sooty and urban, causing its middle class inhabitants to move further afield. From then on the railway became the biggest, single influence on the development of Kentish Town, influencing the social class and occupation of its inhabitants (mainly railway employees). It became a working class district, although it was never to know the poverty of the East End or the south of London. Today the area is much more socially heterogeneous. There are still a large number of inhabitants who can trace their family' residence there for at least four generations (Tindall 1980).
26. Thus, for the majority of the time I have worked with Katy she has not been pregnant, but, in common with other informants, using a medically-supervised form of birth control.
27. Clearly, interviews with Katy and other informants ran concurrently for some of the fieldwork period, although discussions with Katy continued for some time after the official fieldwork period was over.
28. The reasons I find for this are included under section 1.8.
29. One informant agreed to an interview on the basis that it would not be recorded.
30. For the way in which fields of investigation were delineated, see Appendix E.
31. Significantly this resentment had not occurred in the case of my principal informant, who had been interviewed in a non-clinical

setting and with whom I had had more opportunity to explain my motives and explore ways of approaching the topics in question. What was nonetheless evident was an effort to replicate the biomedical model.

32. See also Cannon (1989) and Finch (1984), who refer to the useful role that a researcher employing a conversational mode of interview can sometimes play for the informant.

CHAPTER TWO

1. This view can be seen within an overall shift in emphasis concerning the sacred, in which Durkheim's view that the sacred is a projection or reflection of the social order is rejected. Instead, religious concepts are being given an autonomous rather than a derivative status, with the implication that the social is moulded by the religious (Stirrat 1986: 201).
2. See also, for instance, contributions to (eds) Bloch and Parry (1982) for examples of the way that reproductive processes and capacities may be used as powerful, if ambiguous, symbols which are manipulated in the management of discontinuity resulting from death.
3. See, for example, Chown (1987), for an explanation of this theory.
4. See Bal (1986) and Pagel (1989) who expand this view.
5. See Chalmers (1982) and Feyerabend (1975) for an elaboration of the power given to scientific belief.
6. The term 'patriarchy' is used in a general sense to refer to the social dominance of men (cf. Mackintosh 1981; Walby 1989).
7. See also Lloyd (1984) on the long-standing association between maleness and form, femaleness and matter.
8. For example, the term 'seminal', according to Chambers Twentieth Century Dictionary (1977) means "generative: notably creative or influential in future development". See also 'inseminate', 'impregnate' and 'beget'.
9. Delaney draws attention, for example, to a quotation from Dinnerstein, referring to the father's role, in which she suggests "pre-natal fathering" includes "the initial planting of the seed" (1977: 149).
10. Additionally, within Roman Catholicism, the angels, Virgin Mary and saints are often regarded as quasi-divinities (Parsons 1966: xlvi).
11. Warner also suggests that the way in which God forms Adam from dust and breathes life into him (Genesis 2. 7) provides another example.
12. See, for example, this Chapter (2.5) and Chapter 6.3.
13. The importance of nurturance is further endorsed by data presented in Chapters 5 and 6.
14. The respective genetic contribution of men and women did not emerge clearly in discussions of the Virgin Birth. (See instead Chapter 5.5.)
15. See Chapter 4.2, for example, and Chapter Five (sections 7 & 8).
16. The possible exception to this is represented by women who make use of certain of the new reproductive technologies; see Chapter Six.
17. See Leach (1966) and Spiro (1968), among others, on this point.
18. Pope Martin I declared Mary's perpetual virginity a dogma of the Church in 649 AD (Warner 1985: 66).
19. It is interesting that the 'leakage' of seminal fluid is overlooked in this view.
20. See Lloyd (1984) on the historical association of a distinction between maleness and femaleness and between Reason and its opposite.
21. We saw in section 2.3 that this interpretation appears of little interest to my informants. However, it was also stated that I had only a few, superficial discussions with informants on their understandings of the Fall. I would therefore be unwilling to

- suggest any discrepancy between my informants' views and those presented by, for example, Warner, concerning the implications of the Fall for women.
22. Craik (1979) draws attention to the intimacy that is emphasised in Pentacostalism, for example, where all members of the Church are represented in female imagery in terms of their relation to Christ and as potential receptacles for the Holy Spirit. See also Warner (1985) who interprets the Song of Songs in the Old Testament as an allegory for God's love and referring to Christ's relationship with the Christian Church, with each Christian soul and with the Virgin Mary. Similarly, Williams observes that among her Carmelite nun informants, the Song of Songs was seen to depict something of the relationship between the human soul (the 'Bride') and Christ (the 'Spouse') (1975: 123).
 23. The Eucharist which transforms the recipient into the sacred through the ingestion of Christ's flesh and blood is mirrored by incest taboos which reject the 'ingestion' of those of the same 'flesh and blood' (see Chapter 5.8).
 24. This suggestion would appear to argue against Douglas's assertion (1973) that when the relationship with God is not seen to be mediated by priests, there is a change of medium used to express the sacred and that, instead of the outside of the body, the inside is exclusively honoured. Douglas implicitly suggests that the emphasis on the internal is a consequence of the relatively recent change in role of the priesthood. However, Camporesi (1989) and Bynum (1989), among others, have shown that through the Eucharist, God has been experienced very much as inside the body from as long ago as the Middle Ages.
 25. The Christian Virgin Birth is not an example of parthenogenesis, as it is often described, as this term refers to reproduction by an unfertilised ovum. See Warner (1985: 43) for a further discussion of this phenomenon.
 26. The emphasis on female virginity has been given a number of interpretations. For instance, it has been argued that the consecration of virginity in the Fourth century has to be seen in the context of a number of measures, such as the Church's invention of spiritual kinship, which, taken together, suggest a policy that promotes increased choice for women, such as the freedom not to marry. This argument is useful as a reminder of the possible role of the wider social context in shaping sexual ethics. However, it is not persuasive in accounting for an ethic of asceticism for both women and men.
 27. Bottomley (1979) suggests that Paul has been widely misrepresented and his writings falsely used to support a contempt for the body that became prevalent in the Middle Ages.
 28. This view can be seen as compatible with Douglas's assertion that western cosmology is characterised by, among other things, an idea that what is good is 'inside' and in need of protection from 'outside' forces (1973: 140).
 29. See, for example, Hershman (1977); Bloch (1982) and Middleton (1982).
 30. For example, for the Lugbara, parturition and the 'untamed' sexuality of women are associated with the wild, while the more general fertility identified with men (that is, their reproduction

of the social order) is associated with the compound. Birth takes place outside the compound and the newborn child is then introduced into the social world by the male elders who represent legitimate fertility (Middleton 1982). See also Bloch and Guggenheim (1981) on the separation of sexuality and fertility made evident in Roman Catholic baptism.

31. In the Judeao-Christian instance, the ideal order can be seen as a return to the lost paradise of the Garden of Eden and the end of alienation from God.
32. This is suggested by the doctrine of Mary's Immaculate Conception and consequently her freedom from original sin.
33. The juxtaposition of motherhood and virginity is not only inherent in representations of the Virgin Mary, but also of the Catholic Church: the Church is both Mother and virginal through the chastity of its officials (Craik 1979).
34. Psychoanalytic theories are not considered here for reasons of space.
35. Other versions of the 'seed and field' model have been widely reported (cf Ngubane 1977).
36. See, for example, informants' attitudes towards the body products of family members in Chapter 4.3, the indications of sexual silence in the family (Chapter 5.7) and views on incest (Chapter 5.8).

CHAPTER THREE

1. This representation of South Asian 'personhood' should be viewed with caution. Parry (1989), for example, suggests that the picture Marriott presents of persons as constitutionally volatile is overdrawn. How, he asks, does the person of fluid substance square with Marriott's earlier writings on caste rankings premised on an equivalence between all members of the same caste, if each actor's substance-code is modified by the numerous exchanges in which he or she is *uniquely* involved?
2. See Chapter 5.3 for a more detailed discussion of Schneider's work on American kinship.
3. See instead, for example, the volume edited by Carrithers et al (1985).
4. This appears to stand in contrast to Foucault's view that the discourse of confession has played an important role in the construction of the self, whether as self-reflection or in speech (1981).
5. No informant mentioned the father's absence in determining independence/personhood.
6. According to Parfit, in the "reductionist view", the transition from ovum to human being takes time and is a matter of degree, just as transition from human being to person occurs imperceptibly. While a distinction is rarely drawn between human beings and persons, it is nonetheless possible to make this distinction. It can be claimed that a human being only becomes a person when this human being becomes self-conscious. A fetus may become a human being before birth but a new born baby is not self-conscious. Personhood is acquired at some point after birth. Similarly, Parfit notes that according to this "reductionist view", a person can gradually cease to exist before his or her heart stops beating. There may be a living human body and, as such, a living human being, but no person.
7. See also the discussion of the importance of form: section 3.4.
8. This is reminiscent of Parkin's (1985: 137) statement that what has traditionally been referred to as 'Cartesian dualism' can more accurately be described as a triad composed of mind, body and soul, with soul creeping into the equation because of the need to refer to the individual's transcendental link with God or, post-Enlightenment, to the link between individual and society.
9. At the same time it has been suggested that psychoanalysis is concerned with "the question of how people live through the situation of being a neotenuous body, the strategies of being in a world of bodies and things, and their various consequences" (Levin 1988:109), which casts an interesting slant on what the 'soul' might be.
10. For a comparison of the western notions of 'soul' and those to be found within other traditions, including the attributing of several, distinct 'souls' to each person see, for example, Lienhardt (1985).
11. However, we saw above that emotion, awareness and morality do have some association with 'soul'.
12. See Zaleski (1987) on 'near-death' experiences.

13. Several other informants who did not make definite statements about the origin of soul also made the same point about the development of the soul throughout life.
14. I use this term following Overall (1987) in the absence of a comprehensive expression which refers to pre-natal life at any stage of development.
15. For a concise overview of the abortion debate since 1967, including the variability of service provision, see Greenwood and King (1981). See also Birke et al (1990) for more recent debate.
16. See Chapter Six for relevant details of this committee's aims and recommendations.
17. 'LIFE' is an organisation representing part of the so-called 'pro-life' or anti-abortion movement which defends the right to life of the embryo/fetus on the basis that personhood begins at conception.
18. See Chapter 1.3, and the discussion concerning the continual process of individuality *within* the biomedical model.
19. In addition to seven doctors, three members came from the legal field, one was a nurse, one a theologian, one a philosopher, two were social workers and one member's background was unspecified.
20. See also the point made in Chapter 6.7, concerning the creative role ascribed to doctors involved in reproductive technologies.
21. See, for example, Spallone (1989) or Bradish (1987) on the link between the new eugenics, research in human genetics and the new reproductive technologies.
22. See Appendix A for an explanation of such terms and Chapter Six for further discussion of the new reproductive technologies.
23. See Lienhardt (1985) for an interesting comparison between western and African descriptions of the location of 'soul'.
24. I was unaware of this trend until Katy's son, aged 5 years, made a drawing in which the bones of the legs were emphasised (see Series A: William).
25. See, for example, patents on new life forms created by genetic engineering (Connor 1987); an immortal cell line from a spleen sample (Lancet 1988); to say nothing of the issues of property raised by new reproductive technologies (see Chapter 6).
26. The significance of the issue of transplantation may be indicated by the drawings made by my informants. (See Drawings Series A and Chapter Four for a more general discussion of these drawings). In these sketches of the inside of the body, the heart is the most commonly drawn organ (included by 15 out of 16 informants), followed by the kidneys and lungs (13 informants in each case) and the liver (10). While the common depiction of the heart *may* be due to a concept of it as the seat of the emotions or the symbol of life, what it shares with the other most commonly represented organs is that they are all organs associated with transplant. Emphasis on these organs might be associated with an understanding of the body linked, for example, to a long tradition of Galenic medicine. Alternatively it *may* indicate something of the extent to which contemporary medical and quasi-medical discourse (made available through the various channels of the media) helps to construct the way these women understand their bodies.
27. Instead of a progressive embodiment of self, Foucault sees the resistance to pastoral power dating from the Renaissance to

- represent a *reappearance* of the autonomy of the self, first evident in Greco-Roman times (1984: 370).
28. In 1. Corinthians 6: 9 -10, St Paul offers a list of sins, organised according to their degree of seriousness. The most heinous are sins against God and against human life. Following these are sins against the body, or 'sins of the flesh', a group further subdivided into the sins of prostitution and adultery, the *molles* or mollities (including masturbation and the delay of orgasm for the sake of pleasure) and homosexuality (Ariès 1985).
 29. "Stomach", in this instance, is used to refer to the abdomen.
 30. See, for example, the 'coffee-table' books by Nilsson on the development of the fetus (1977) and on cellular activity in immune response (1987) and the television series on surgery, *Your Life in Their Hands*. For a discussion of the effects of making the fetus more visible, see Petchesky (1987) and McNeil (1990).
 31. See also Keller and Grontkowski (1983) who suggest that the emphasis on the visual within an overall hierarchy of senses has the effect of debasing other forms of experience as modes of knowing. These authors also argue that vision (as opposed to sight) has a capacity to objectify what is visualised, thus creating a distance between the knower and the known.
 32. See also Sontag (1973) on the link between the origins of photography and positivism as an epistemology that understands 'reality' as empirical data removed from historical process or social relationships.
 33. See Petchesky (1987) who elaborates on this point.
 34. According to Emerson, doctors who carry out intimate procedures such as vaginal examinations do their best to ignore any meaning their actions hold for the patient; "The staff disattend the connection between a part of the body and some intangible self that is supposed to inhabit that body" (1971: 78).
 35. Body boundary and identity are discussed more fully in Chapter 4.2.
 36. 'Closeness' is examined in Chapter 5.3.

CHAPTER FOUR

1. See Bourdieu (1977) on the relationship between bodily and social control and also Elias (1978). The latter seeks to understand the development in western culture of a psychical distance between the individual and his or her body as made evident through table manners, sleeping customs, bathing habits and, to a lesser extent, sexuality and aggression. Elias claims that the origin of a strong, internalised agency of behavioural control that is manifest in such 'etiquette' has to be seen in the context of the emergence of the modern state.
2. See, for example, Evans-Pritchard (1976); Sontag (1979); Glick (1967); Shostak (1981); Zola (1978) or C. Gallagher (1987).
3. See also Soulioti and Durward (1989), who report the reactions of hospital staff to their research involving cerebro-spinal fluid. This fluid, withdrawn by lumbar puncture to relieve hydrocephaly in a baby, was subsequently returned to the infant via the gastrointestinal tract (in order to replace vital electrolytes). However the strength of feeling among colleagues about the second aspect of this procedure (indicated by statements such as "it's cannibalistic") was such that the study had to be discontinued.
4. See the discussion of these drawings in Chapter 1.7.
5. Thomas (1987), for example has suggested that the cervix acts as a symbolic gatekeeper to the body.
6. See also 'Openness' and vaginal examinations in Chapter 3.9.
7. This is discussed more fully in Chapters Five and Six.
8. Different types of body products appear to prompt different degrees of unease; those of waste (such as faeces) elicit more horror than those products which can revitalise (for example, blood and breast milk). However, all body products seem to hold within them something of their person of origin.
9. See Gell (1979) for the origin of this question.
10. Martin compares this to descriptions of the stomach's lining which undergoes similar processes, but in medical discourse is referred to positively as 'renewal'.
11. However, see the difficulties of ascribing class to informants discussed in Chapter 1.4.
12. See, for example, La Fontaine (1972); Brattensani and Siverthorne (1978); Berry and McGuire (1972).
13. For a review of the anthropological literature on menstruation see Paige and Paige (1981), and Buckley and Gottlieb's introduction to the volume they edit (1988).
14. See also Skultans (1988), based on the same data.
15. Skultans makes the point that women tend to use 'key' words in relation to menstruation which are ambiguous and in some sense convey certain features of a woman's social position (1970). She suggests, for example, that coming to terms with heavy blood loss is analogous in some way to the acceptance of being a 'loser' in a much wider sense. Indeed, menstruation has often been the focus of attention for

- anthropologists seeking to understand the relationship that exists between the sexes in any one culture, with a correlation between the common concept of the polluting nature of menstrual blood and the relatively low status of women (Buckley and Gottlieb 1988). See also the work of Ortner (1974) and Thompson (1985).
16. See, for example, Snowden and Christian (1983) and Martin (1987).
 17. I began to ask a number of informants about how they understood the menopause and how they might feel about its approach. As most women replied this was not something they had yet thought about, I discontinued this line of questioning. However, among the ten women I did discuss the menopause with, two briefly indicated that they thought this would be a difficult and sad time, a sign of their loss of fertility and of getting older. One further woman was apprehensive that physical changes would be accompanied by personality change.
 18. See also the discussion concerning the association of femininity and motherhood in Chapter 6.5.
 19. This is consistent with findings by Martin (1987).
 20. Hence the expression 'The Curse' (Weideger 1978).
 21. Additionally Douglas's early work (1966) which associates pollution with that which is liminal, has been challenged by studies showing that what is liminal is not always polluting and may, on occasion, be viewed positively, as sacred for example: see Tambiah (1969) and Douglas herself (1972).
 22. This is evidenced, for example, by informants' dislike of 'pill'-induced amenorrhoea, as this disrupted a cycle.
 23. The highest incidence of breastfeeding was found among mothers of first babies (especially among those women who had their first baby over the age of 25 years), those in the higher social classes, those educated beyond the age of eighteen, and those living in London and the South East (Martin and White 1988).
 24. Significantly, such facilities very often take the form of an additional cubicle in women's lavatories.
 25. See for example La Lèche League (1981).
 26. This expression refers to women who pose semi-naked for photographs which appear within a certain tabloid newspaper.
 27. This is in contrast to the medical view in which, although breast milk is recognised as superior to formula milk, breastfeeding is seen as no better in establishing a good relationship between a mother and child than the practice of bottlefeeding.
 28. Bowlby (1969) used concepts from ethology to describe the bond of attachment between a mother and her child. This concept of attachment has since been popularised as 'bonding'.
 29. See also McGilvray (1982).
 30. Breast milk may, of course, be expressed and given by bottle and by a third party.
 31. See also Altorki (1980); Khatib-Chahidi (1981).
 32. Katy made it clear that her husband's semen was a 'foreign' substance that she did not object to within her body, although only via the vagina.
 33. This point is developed further in Chapters 5.3 and 6.2.

34. Espeland has suggested that the acute embarrassment caused by loss of bodily continence can be understood as more fundamental loss of control that is incompatible with the 'dignity' of the body/person (1984).
35. See Chapter 5.5.
36. This is reminiscent of Christianity's regulation of the flesh (See Chapter 2.9 and 2.10). Also see Turner (1984) and Bynum (1987). Fildes (1988), among others, has recorded the moral influence that western wet-nurses were thought to have on their charges through their milk.
37. As I did not collect material on the relationship between mothers who bottlefed and their babies, it is beyond the scope of this work to comment on whether these mothers have a fundamentally different relationship in terms of personal boundaries.
38. Relationships between fathers and children were not explored.
39. This is not to say that women have a natural morality or are necessarily more moral than men.
40. Chodorow (1974) has noted that women's biosocial experience of menstruation, pregnancy and childbirth all involve some challenge to body boundary. Thus the ambiguity that women experience between what is self and not-self (for example, in relation to a man who penetrates her or a child who was once part of her body) are intrinsically meaningful. See also the reference to Haraway in Chapter 1.3.
41. Male bodily experience is not dealt with here.
42. This is in line with Berger's observation that men act and women appear, that men look at women and women watch themselves being looked at (1977: 46-7).
43. For instance, Henley (1977) has shown that it is considered acceptable for women to be touched in certain ways and circumstances that would be deemed unacceptable by men. In addition, women may be touched by some persons (notably men) whom they in turn are not at the same liberty to touch (see also Bartky 1988).
44. This view accords with the 'ontogenetic' model of procreation described in earlier chapters and discussed more fully in Chapter 6.3.
45. Women's perceptions of the female breast (as opposed to men's perceptions of the female breast) remain hazy.

CHAPTER FIVE

1. As Barnes (1973: 64) has observed, the use of 'biological' is confusing in that it refers to a scientific specialty in the context of describing phenomena which exist independently of efforts to study them. However, the alternatives, such as 'natural' are similarly contentious (see, for example, Collingwood 1940).
2. Harris (1981), however, has pointed out that these domains may not be as clearly demarcated as has often been assumed.
3. See also Leach (1971:27); Rapp (1982); Collier et al (1982).
4. This is represented, for example, by the works of Gellner (1987) and Barnes (1973).
5. The relationships (B1 to B12) represented in Figure B were constructed retrospectively from transcripts.
6. For a critique of the 'classical' account of 'the family' as separated from the wider world, characterised by intense emotional relationships, sharp gender role distinctions, and perceived by its members as a distinctive and sacrosanct unit, see Jamieson (1987).
7. It has been argued that, as such, its form has no simple mechanistic relationship with a specific type of economy, such as capitalism (Collier et al, 1982; Stivens 1981).
8. See also Goody (1976); Bourdieu (1977).
9. Significantly, there is an expression, "her indoors", which is used by men in East London to refer to their wives and is used, for example, by 'Arthur Daley' in the television series *Minder*.
10. See, for example, the work of Bowlby (1951).
11. This may include the respondent's father, mother and any siblings, or her spouse and children.
12. See Bloch (1973), for example.
13. See, for example, Yanagisako (1977).
14. See, for example, the use of the term 'blood' by geneticists, exemplified by Berry (1972).
15. This is an interesting connection which parallels the discovery of the role of spermatozoa long after the cultural belief of male or seminal involvement in reproduction.
16. See also Chapter 6.10 on adoption.
17. According to the genetic model, where individuals share the same genes, these genes are found throughout the entire body, being replicated at the level of each cell, but constituting only a part of the overall composition of the cell. The genetic material in each cell is identical throughout the body, whether the cells are those of the blood, liver or other organs, with the exception of gametes, that is of spermatozoa and ova. However, genetic material can never be entirely identical to that of other individuals, with the exception of monozygotic or "identical" twins. What is more, even in the case of identical twins, genetic material can, as a result of environmental influences, be expressed in different ways. Deoxyribonucleic acids (DNA) do not of themselves cause characteristics, but provide a code by which amino acids are ordered. If, say, a given amino acid is absent (because of dietary insufficiency, for example) there will be no phenotypic expression of the gene. Genetic mutations are also thought possible after

- conception, as research into the role of oncogenes in some cancers suggests (Macbeth 1989: 14).
18. This phrase is an interesting one in that it appears to refer to the transcendent role attributed to men in the ontogenetic model of procreation.
 19. See, for example, Katy and Barry's responses to evidence of his parents' sexuality which was made explicit during the break-up of their marriage, as discussed below.
 20. We did not discuss how she viewed her father as, at this point in the research, she had not seen him for several years. They did become reconciled during the research period, but not long before his death.
 21. According to Foucault, the "deployment of sexuality" has, since the nineteenth century, developed through such strategies as "a hysterization of women's bodies" (the integration into medical practices of a feminine body perceived as saturated with sexuality and intrinsically pathological) and "a pedagogization of children's sex" (the management of the sexual potential of children - for example, the battle against onanism) (1981: 104).
 22. This would not necessarily be termed 'incest'.
 23. Informants made very little reference to the father-child relationship.
 24. This would seem to link to Leach's (1964) argument that taboo applies to categories which are anomolous in that they are not distinct or entirely defined.
 25. There would appear to be a parallel here between my informants' personal ontologies and, for example, the world view of the Umeda as described by Gell (1979). According to Gell, for the Umeda, taboo plays a role in the definition of the self and the articulation of the self into a social world. Umeda taboos are concerned with the avoidance of "eating" oneself either literally through ingesting one's own body products, or through eating self-killed game. The verb *tadv* (to eat) also includes in its associations the verbs "to kill" and "to copulate" and it is the entire complex of associations included under *tadv* that are associated with prohibition. For example, Umeda men and women discuss their sexual experience in terms of fainting or dying, eating or being eaten. Prohibition would seem to represent the rejection of these states and the restoration of the self by reconstituting it as a closed system.
 26. Those who share 'flesh and blood' are also those who face the strongest prohibitions concerning sex. This raises the question of why at least one of the meanings of 'flesh' (that is, as the locus of sexuality) is transposed once it is enjoined with 'blood'? This question is not one that I can deal with adequately here, but it would make an interesting area for further research. What may be relevant, given the backdrop of Christian tradition in the West, is that with the Eucharist, through taking into the body the 'flesh' and 'blood' of Christ, members of the Church become one. There is then a tradition in which 'flesh' and 'blood' as metaphysical substances together act as a model for asexual reproduction, in the sense of creating and renewing a specific kind of unified identity, a body of individuals who understand themselves as one.
 27. Personal communication with the Children's Legal Centre, London has suggested anecdotal evidence of this trend, with the exception of

extremely young children; it seems babies, for example, are thought to be too young to remember abuse and are therefore believed to be less emotionally traumatised by incest than rather older children. Punishment of offenders appears therefore, if anything, slightly more lenient in the case of babies.

28. I do not wish to suggest that incest is *only* to be understood as the sexual avoidance of the extended self. It can simultaneously hold other meanings, such as the abuse of power (Rich 1980), the appropriation of sexuality and personal space (Willner 1983) or the extension of "'normal' masculinities, violences and sexualities" (Hearn 1988: 542).
29. On the basis of a philological analysis, Needham argues that, cross-culturally, incest carries a range of meanings and that this variety runs counter to the possibility of an overall theory of incest.
30. See also the earlier discussions on physical and moral integrity (2.8; 3.9 and 4.9).

CHAPTER SIX

1. See also Callaway (1978) and MacCormack (1982) for a detailed discussion of this point.
2. See, for example, sociologists Graham and Oakley 1981 who make this implicit comparison in their description of the conflicting paradigms of doctors and 'mothers'.
3. While such arguments point to a very real sense of alienation reported by women undergoing childbirth (cf. Kitzinger 1987), they gloss over the extent to which medical intervention may be welcomed, not only in terms of reducing the number of infant and maternal deaths (Callaway 1978), but by improving the birth experience of some women through the control of pain (Roberts 1984). Nor is the medical profession alone in associating pregnancy with illness; Van Gennep has drawn our attention to cross-cultural evidence suggesting that a pregnant woman is perceived to be physiologically abnormal. He finds that "[n]othing seems more natural than that she should be treated as if she were ill" (1960:41).
4. The couvade has been variously explained, for example, as an affirmation of social paternity, that is, "to establish a social situation of *close moral proximity* between father and child" (Malinowski 1960: 215-6) [my emphasis], or as an acknowledgement of the spouse's role in giving birth (Blackwood 1934).
5. During fieldwork I attended ante-natal classes which were run by the Natural Childbirth Trust and found that the male partners of pregnant women were being encouraged to think and act as if they too were carrying the pregnancy.
6. See, for example, Richman et al (1975). See also the legal attempt on behalf of a putative father to prevent the abortion of a fetus carried by his former lover (C v S 1987).
7. Oakley (1987), for example, observes how a photograph in the Guardian newspaper (21.1.1985) of Professor Ian Craft surrounded by fifty-eight of the babies born as a result of his IVF programme, bears the caption "Fast Breeder".
8. See Chapter 2.4 and 2.5 for a more detailed examination of her work.
9. 'Alienation' is a technical term O'Brien uses to describe how, for man,
the alienation of his seed separates him from natural, genetic continuity which he only therefore knows as an idea. To give this idea substance, man needs praxis, a way of unifying what he knows as real with an actual worldly reality. Man must therefore make, and he has made, artificial modes of continuity (1981: 53).
'Appropriation', according to O'Brien, is the assertion of a right to child which 'nature' has omitted to provide for male parents. However, men claim more than the child, and no less than ownership of women's reproductive labour power (1981: 58).
10. See also Barnes (1974:66) on scientific knowledge that cannot be verbalised.
11. Katy's explanation is also interesting in that it avoided a significant part of the question, namely how she accounts for the striking similarity in appearance between her children and Barry, and the vague physical resemblance between herself and her children.

12. It was also shown in Chapter Five that this model, inspired both by genetics and gender role, was evident among a number of other informants.
13. I take it that she refers only to western consciousness in this scheme.
14. O'Brien's statement has been overtaken by events in that, since she wrote, it has become possible to determine a child's genitor with almost total certainty. Nonetheless, the status of genitor remains more nebulous than that of genetrix in most instances.
15. See also the work of Mittwoch (1984) and Martin (1989), who have similarly argued for a reappraisal of perceptions of male and female physiological roles in reproduction.
16. See also Owens and Read (1984). Their study of patients' experience of infertility investigation and treatment found that the facilities for investigating male infertility were sparse compared with those available for female infertility.
17. It is possible that informants drawings were influenced by the method of contraception they were using. For example, one 26 year-old waitress taking the oral contraceptive pill drew only the ovaries and uterus (see Series B: fig. 7). She understood the 'pill' to prevent pregnancy by acting on both these structures in some way. Similarly, a 31 year-old married solicitor drew both the vagina and the uterus as large in relation to the rest of the body (see Series B: fig. 9). She used the 'diaphragm' as a method of contraception and understood this was effective through sealing off the opening of the uterus once placed in position within the vagina. (She had also previously used the oral contraceptive pill).
18. See also Millet (1977) on inner space.
19. See, for example, the work of de Beauvoir (1972); Rich (1979); Lewin (1985).
20. See, for example, the volume edited by Stanworth (1987).
21. See, for example, Chodorow (1974: 47) on the different relationships that mothers may have with their sons and their daughters.
22. One line of reasoning that may be drawn from this is that, if womanhood is associated with the potential for 'openess' and a blurring of the boundaries of self and other, pregnancy and giving birth can be seen as paramount instances where this physical/moral potential is realised.
23. Boon (1974) points to a centuries-long tradition of mother surrogacy in England before the nanny, through institutions such as wet nursing, fostering and apprenticeship.
24. See, for example, Ariès (1973); Mead and Wolfenstein (1955).
25. Ariès (1973) suggests that childhood in western culture as a period of separateness from adults and marked, for example, by different clothes and diet, is a comparatively recent phenomenon and largely invented in the late 17th century. Others such as Pollock (1983) disagree and argue that the category of childhood originates in an earlier period than Ariès suggests. Some historians have posited that children were treated with indifference in the past because infant mortality rates were so high (see, for example, Langer 1972) but Stone (1979) argues that the invention of childhood (and the accompanying expectation of a warm affective relationship between parent and child) precedes any significant decline in such rates. McLaren also suggests that in pre-industrial England children were

- highly valued (1984), while Freeman (1983) suggests that the relationship between the 'invention' of childhood and economic activities should not be overlooked.
26. This latter assertion is supported by reference to the Maria Colwell case but the more recent discourse concerning child abuse (see, for example Campbell (1988) on the Cleveland inquiry) would serve just as readily.
 27. And that it is, perhaps, the means of reproduction that is desired rather than the products of reproduction; see, for example, Bettelheim (1968); Rich (1977); O'Brien (1981).
 28. Drummond does not address the role of women in transforming the child into a cultural being (see Chapter 1.3).
 29. While masculinity appeared to be premised to some extent on male fertility, informants did not refer to a similarly 'desperate' desire for children among men.
 30. See Appendix A for an explanation of reproductive techniques.
 31. See Chapters 2:9; 4:3 and 5.7 on the asexual family.
 32. For an explanation concerning the nature of the different techniques, see Appendix A.
 33. As Gallagher notes, sexuality and reproduction are to be kept safe from human intervention by the efforts of celibate male clerics (1987:197).
 34. This statement has been criticised for suggesting a fixed or identifiable boundary between the biological and the social (cf McNeil 1990).
 35. See the discussion of experiential knowledge earlier in this chapter (6.3) and O'Brien on 'reproductive consciousness' (1981: 27-30).
 36. It is not clear if Spallone refers here to women's physical integrity or the kind of physical/moral integrity which I discuss in Chapter 4.9. for example.
 37. AID, for instance, is seen in different terms (cf Klein (1984)).
 38. See, for example, Hubbard (1984); Rothman (1984) and, more recently, the debate in the House of Commons of the Human Fertilisation and Embryology Bill 1989. The proposed role of doctors in surrogacy arrangements is also of interest here (cf BMA 1990).
 39. Here 'blood' is clearly being used to refer to strictly biological relationships.
 40. As Overall has argued, it is simply begging the question to claim, as some have, that it is better for children to be born into a two-parent family, with both mother and father (1987). For instance "[t]he mere presence of a father in the home seems unlikely to protect a child from abuse, and in fact somewhat more fathers than mothers are responsible for physical violence directed against their children." (1989: 175-6).
 41. 'Kin' in this context presumably means those with biological links.
 42. See also discussion of Feversham Report; section 6.8 above.
 43. See Braidotti on the 'freezing out of time' now characteristic of biomedical practice and epitomised by the new reproductive technologies (1989: 153).
 44. It is common in discussions of surrogacy which make this point to describe these Biblical examples of surrogacy as arrangements between women (see Singer and Wells, 1984, for example.) There is a school of thought, however, which regards contemporary surrogacy as an arrangement between the surrogate mother and the 'commissioning

- father' (cf Ince 1984). It is also possible to interpret the biblical examples in this light.
45. Zipper and Sevenhuijsen (1987) have called this traditional form the 'coital model of surrogacy', for obvious reasons.
 46. This same report lists the permutations of reproductive relationships possible within surrogacy arrangements as follows:
 - a) a surrogate mother may be 'impregnated' with sperm of her own partner,
 - b) a surrogate mother is 'impregnated' with the sperm of the commissioning male,
 - c) the surrogate mother is 'impregnated' with the sperm of a donor,
 - d) an ovum from the commissioning female and 'fertilised' by her partner's sperm may be implanted in the surrogate's uterus,
 - e) an ovum from the commissioning female is 'fertilised' by a donor's sperm.
 - f) a donated ovum may be 'fertilised' by donated sperm and implanted in the surrogate's uterus,
 - g) a donated ovum may be 'fertilised' by the commissioning male's sperm and implanted in the surrogate's uterus.
 47. The organisations submitting evidence included community health councils, religious bodies, adoption agencies, political groups, legal bodies, medical societies and research teams. In addition there were 695 submissions from the public. For full details, see the Report's Appendix.
 48. See section 6.5 in this chapter, where it is suggested that the child is already viewed as a commodity.
 49. See Overall (1987: 113-116) who expands on this 'free market model'.
 50. see Chapter 3.6 for a similar unease about the selling of blood and the suggestion that the commodification of this body product may, in some sense, demean the self.
 51. The implication that a person may not put their body to whatever use they please shares certain resonances with an argument put forward by Manion (1988). She suggests that, in challenging the assumption that women's bodies are the property of men, women have come to understand their body as their own private property. This may, she suggests, be preferable to it being controlled by someone else. However it runs the risk of promoting a "possessive individualism" rather than a more social or collective approach to understandings the body (1988:194).
 52. A 'Grow Bag' is a commercial preparation which is used for growing plants where the usual soil conditions for growth do not exist.
 53. This suggests certain parallels between bodily blood and breast milk; see Chapter 4: 7.
 54. Social motherhood is considered later (see Chapter 7).
 55. There was not, however, a large enough majority to overturn the previously established policy, namely an agreement with the principle of surrogate births in selected cases with careful controls.
 56. The point has been made, for example, that in future, working class or 'Third World' women will act as surrogate mothers for wealthy American or European women (Corea 1986; Franklin 1990). It is already the case that unmarried women, including lesbians, are largely excluded from making use of new reproductive technologies (Doyal 1987; Dyer 1989). See Snowden, Mitchell and Snowden (1983)

who demonstrate the sorts of arguments used to justify such exclusions.

57. Doane and Hodges similarly argue that the 'Baby M' surrogacy case in America provides an opportunity to study familialism (1989: 79). See also Birke et al (1990: Chapter 9).
58. For example, the OPCS (1990) for England and Wales suggests that one child in four will be affected by the divorce of their parents by the age of 16.
59. Indeed one study in the south of England found that 30% of husbands studied could not have been the genitor of their wife's children (Phillip 1973).
60. This emphasis on genetic connection appears to be deep-seated. It may be questioned by those who deny the necessity of one's 'own' child (see, for example, Corea 1986; Overall 1987), but such writers can at times unintentionally acknowledge the importance of genetic linkages. For example, Corea foresees that not only the infertile but many other women may be exploited by reproductive technology in that

"[m]any women -not just those with fertility problems - will raise test-tube babies to whom they bear no blood relationship, the egg fertilised in the laboratory having not been their own but that of a donor" (1986: 7).

One of the problems Corea identifies with conceptive technologies, therefore, is that they may be used to deny women the opportunity to bear their 'own' children.

CHAPTER SEVEN

1. There are, it seems, certain parallels between the relationship of a mother and child and between those of the same 'blood'; all can be characterised by 'sameness', 'openness' and 'closeness', but 'blood' relationships appear to be more attenuated.
2. I do not propose to discuss the body of work on metaphor; this is represented, for example, by contributors to the volume edited by Ortony (1979) and by Overing (1985b). The debate on translation is also of interest here as represented, for example, by contributions to the volume edited by Wilson (1970) and by Overing (1983).
3. It is not clear if Jackson is stating that metaphors of disequilibrium are found universally, and I would certainly be loath to suggest this. Having said that, examples of these metaphors can be found elsewhere in western culture (as indicated by the Latin *cadere* which means to fall dead, hence our term 'cadaver') and beyond western culture. For instance, among the Balinese there is an illness primarily associated with children which is known as *kesambet*. *Kesambet* follows shock, fright or 'soul loss' which may be prompted by falling down, receiving bad news or being publicly humiliated (being 'put down') (Wikan 1989). However, the cross-cultural understanding of 'disequilibrium' and hence of Being-in-the-world is far beyond the scope of this thesis.
4. At first glance, 'falling' pregnant and being 'knocked up' pose a problem in that they appear unsystematic in their orientation; they appear to refer to the same event as both being 'up' and 'down' (cf Lakoff & Johnson 1980). However, 'being knocked up' appears to be different to 'falling pregnant' in at least two respects. One possible difference is that 'being knocked up' refers not only to 'being made pregnant' but to the continuing state of being pregnant. In contrast, 'falling pregnant' refers only to the moment of becoming pregnant. A further difference, and one more relevant to this discussion, is that the term 'being knocked up' suggests that the woman is an object that is being or has been acted upon, while 'to fall pregnant' describes becoming pregnant from a woman's subjective perspective. In other words, the two expressions suggest different experiential bases, which loosely correspond to the gender dimension of the ontogenetic model of procreation referred to earlier.
5. This negative view of conception stands in contrast to the Christian tradition in which the conception of children was the only acceptable premise for sexual intercourse. However, a pro-natalist tradition does not necessarily invalidate the suggestion that the ontological understanding of conception carries certain resonances of Eve's fall, although any further work in this area would clearly need to examine this apparent paradox more closely.
6. The culturally specific nature of 'upbringing' or 'raising' in relation to a child's moral development becomes clear if contrasted with, for example, the way in which a child is understood to be 'moulded' in Japan (Hendry 1986).

APPENDICES

APPENDIX A

TERMINOLOGY ASSOCIATED WITH REPRODUCTIVE TECHNOLOGIES

Artificial insemination

A procedure by which sperm is deposited in a woman's vagina s close to the cervix as possible, or in some cases, within the cervical canal. AIH designates artificial insemination by donor sperm, and AIH indicates tht the sperm of the woman's partner is used.

Artificial reproduction

This term describes all techniques which bring about conception without sexual intercourse. There are essentially two forms ; artificial insemination (where conception occurs within a woman's body) and external or *in vitro* fertilisation.

Embryo

The early stages of human development until approximately eight weeks from conception, and before recognisable features are formed.

Embryo/fetus

An expression used to refer to the developing human organism throughout the pre-natal period.

Embryo replacenment or embryo transfer

A medical procedure in which an early embryo is introduced into a woman's womb. Embryo replacement refers to the situation in which the ovum and gestation are provided by the same woman. Embryo transfer indicates that an early embryo is implanted in the uterus of a woman who did not provide the original ovum.

Fetus (or foetus)

The developing embryo which has recognisable human features. This stage of development begins at approximately eight weeks after conception and ends with birth.

Gamete

A 'sex cell', either ovum or sperm, containing twenty three chromosomes (half the full set).

GIFT or Gamete Intrafallopian Transfer

A variation of IVF in which collected ovum and sperm are together injected into a woman's fallopian tube. Fertilisation, if it occurs, therefore takes place in the fallopian tube and not *in vitro*.

Gene

In medical discourse, a segment of deoxyribonucleic acid (DNA) which carries genetic information. In human beings genes are to be found in chromosomes within the nuclei of cells. DNA also plays an important part in embryo development, growth and maintenance.

Genetics

The science of inheritance, including theories of gene structure and function.

APPENDIX A (continued)

IVF or In Vitro Fertilisation

Conception, or the fusion of ovum and sperm, brought about outside the body of a woman (in fact in glass petri dish) and achieved in conjunction with a number of other procedures, such as laparoscopy or hormonal stimulation of the ovaries.

Laparoscopy

The insertion of instruments, including a telescopic lens and light source, through two small incisions in the abdominal wall to allow visualisation and manipulation of the internal abdominal structures.

Pre-embryo

A term used, particularly by those in favour of research on embryos, for human development up until fourteen days from conception.

Ultrasound scanning

The use of high-frequency sound waves to show outlines of internal body structures which are displayed on a television screen. Also called ultrasonography and sonogram.

APPENDIX B

THE CLINIC

The family planning centre where secondary informants were recruited is situated in Soho, central London and is widely regarded as one of the world's largest and busiest family planning clinics.¹ It offers a wide range of general services, such as birth control advice, pregnancy testing, breast screening, rubella screening and vaccination, and health education regarding, for example, smoking, sexually transmitted disease and AIDs. In addition, the clinic provides specialist services, such as the diagnosis and treatment of cervical pathology, psycho-sexual counselling, sub-fertility investigations, menopause counselling, male and female sterilisation and termination of pregnancy. Each week there are 49 well-women/family planning sessions and 23 specialist sessions. The Centre also trains approximately 1,400 doctors and nurses each year. It employs 25 part-time doctors, 30 part-time nurses and 25 multi-disciplinary staff.

The women interviewed in this study were attending the centre's clinic for birth control. This caters for approximately 90% of the centre's clients and sees approximately 800 women a week. It is thought that only about 11% of the Centre's clients are resident within the boundaries of the Health Authority which manages the clinic. Because of the non-residential nature of the clinic's location, the range of services it offers and its good reputation, the clinic, at least at the time this study, was predominately attended by women from adjoining Health Districts and from all over the Home Counties who commuted to work in central London.²

Footnotes

1. This is suggested, for example, by the Report of the Bloomsbury Health Authority's Community and Dental Services Unit of May 1989.
2. As the result of a reduction in the size of its budget, the Centre is having to reduce its catchment area.

APPENDIX C

PROCEDURE FOR RECRUITMENT

Recruitment and interviewing at the clinic described in Appendix B was carried out as follows:

The woman who had the longest wait before being seen by clinic staff (identified by the fact that her case-notes were at the bottom of the pile of those indicating women to be seen) was asked if she would be interested in helping with research. She was then informed that this would involve answering questions in connection with non-medical aspects of reproduction. If she agreed (and only one woman refused) I then took her to an unoccupied room, where I offered further details. I explained that I was a post-graduate student from the University of London, studying anthropology. I outlined the aims of the research, adding that I was covering a broad range of issues, some of which did not always appear to have a direct relevance to reproduction (such as questions on the family or incest). I pointed out that I was interested in informants' views and opinions rather than in testing them on their medical knowledge. I then explained to the volunteer that I had informed clinic staff so that they would know where to find her and she would not be delayed as a result of her co-operation. In almost all cases the interview either finished before staff came to look for the informant, or the informant volunteered to finish the interview after her clinical consultation. I chose to work this way rather than ask women on their way out of the clinic, as I suspected they would be interested to help while they had time on their hands, but would be rushing off to work afterwards. Many women stated they were only too happy to have some distraction while waiting for their appointment. All informants were asked if they were prepared to have their replies tape-recorded and all but two agreed. The majority of women appeared to largely forget the presence of the tape recorder. In the cases of those women who did not want to be tape recorded, I otherwise conducted the research in the same way and then made notes at the end of the discussion. As stipulated by the Health Authority's Ethics Committee, informants were also given a consent form which affirmed that they might stop the discussion at any point, have the tape wiped clean at any point, or leave the study, all without prejudicing their medical treatment. Once this form was signed as read and understood by the volunteer, I turned on the tape-recorder and asked a few preliminary, background details. These also served as a "warm up" to the main discussion. The initial questions concerned date and place of birth, place of education, parents place of birth and education, number of years of full-time education, marital status, occupation, serious illness, the number and nature of any pregnancies, and whether or not volunteers saw themselves as English. (In those cases where volunteers turned out not to be English in terms of the research criteria, I conducted the interview, but omitted the data from the study.) Informants were then invited to discuss a number of issues, as grouped in Appendix E. In this way the area of discussion was imposed upon informants, but within each discussion there was space for the informant to raise the issues she perceived as relevant. Hence the range of issues generally became more complex as the number of interviews within any group increased.

APPENDIX D

OTHER PRINCIPAL INFORMANTS

Sheila was woman in her late twenties who was in the last weeks of her second pregnancy when I first met her, through her local health centre. She was a ready informant from a large local family but she was only in London temporarily for obstetric care and due to return to her home in Holland after the birth of her baby. I had initially hoped to continue working with the other members of her family on her return. However, it became clear that I was unable to explain to her mother in satisfactory terms what it was that I was doing and, on reflection, I believe she may have thought that I was making clandestine enquiries into the family's housing situation. Sheila's mother however would have been the initial 'gatekeeper' in terms of access to other family members and, in the face of her mistrust, it seemed impracticable and unethical to continue this line of enquiry.

Caroline was twelve weeks pregnant when I recruited her. She was unmarried and no longer in contact with the father of her child-to-be. Although she had no local family, Caroline stated she had a strong local network of friends who, for example, were to be involved in the birth and care of her child. However, it was not possible to trace this particular network, indeed it largely crumbled in the face of Caroline's pregnancy and the needs that accompanied this. For example, Caroline was asked to leave the collective household where she lived once she announced she was pregnant. She subsequently found a temporary home in a mother and baby hostel run by local social services. Thus I happened to meet Caroline when she was socially isolated, fearful for the future and in great need of support. Due to her particular circumstances, I often went with Caroline when she visited ante-natal clinics and kept similar appointments. As I was interested at this time in the interaction between doctors and patients in the field of reproductive health, these visits were quite pertinent to my research. However, the different nature of our discussions, for example the emphasis on her obstetric care and her encounters with health workers, meant that it was difficult to use the information Caroline presented alongside that arising from other informants.

APPENDIX E

The nature of the interviews

Among secondary informants, the issues for discussion were divided into a number of groups. These groups can be outlined as follows:

1. ideas of masculinity and femininity and their relation to the use of contraception, the menarche, sexual experience and fertility.
2. 'kinship', understandings of 'blood' and 'flesh and blood', attitudes towards incest, attitudes towards the new reproductive technologies.
3. the meanings of Christian creation myths, understandings of 'God', perceptions of the person and the soul.
4. Perceptions of body boundary and body products, the surrogate breastfeeding vignette.
5. further discussions of 'family', 'blood' and 'flesh and blood', children, reproductive technologies, including surrogacy vignettes.
6. drawings of general internal structures, reproductive structures, the masculine and feminine body.

On average I interviewed sixteen people on each group of topics. Each interview was shaped by a number of questions that I wanted answered in relation to the particular topic under examination, but these questions were open-ended. The range of issues covered in any one interview and the depth in which they were covered varied greatly depending on my skills as an interviewer (which improved over the duration of the study), the degree to which volunteers had thought about the issues and the extent to which they initiated questions.

For details of informants, grouped according to the issues they discussed, see Appendix F.

APPENDIX F

DETAILS OF INFORMANTS

Unless otherwise stated, all informants are single, describe themselves as 'English' and where born and educated in England, with parents also born and educated in England.

ed: 1 = educated full-time to 16 years of age,
ed: 2 = " " " between 17 and 18 years of age,
ed: 3 = " " " " 19 and 21 years of age and
ed: 4 = " " " to over 21 years of age.

GROUP ONE

1. 39 years, surveyor, "British", ed: 1, no religion.
2. 27 years, married cleaning manager, ed: 3, agnostic.
3. 39 years, promoter, ed: 1, Christian.
4. 35 years, married promoter, "British", ed: 1, no religion.
5. 30 years, clerk, "British", ed: 1, Roman Catholic.
6. 25 years, data processor, ed: 3, Church of England.
7. 26 years, secretary, ed: 1, agnostic.
8. 24 years, secretary, ed: 2, no religion.
9. 29 years, married, nurse, ed: 1, Christian.
10. 28 years, publican, ed: 1, agnostic.
11. 36 years, secretary, ed: 2, no religion.
12. 31 years, married advertising executive, "British", born in Singapore, ed: 3, Church of England.
13. 30 years, advertising researcher, ed: 3, no religion.
14. 26 years, television producer, parents educated abroad, ed: 3, no religion.

GROUP TWO

1. 29 years, graphics designer, educated abroad, ed: 3, agnostic.
2. 20 years, manager, educated abroad, ed: 2, no religion.
3. 23 years, nurse, ed: 2, no religion.
4. 28 years, fingerprint officer, ed: 2, Church of England.
5. 26 years, midwife, father born and educated in Ireland, ed: 2, Pentecostal.
6. 27 years, married, manager, ed: 2, Church of England.
7. 27 years, scientist, ed: 4, no religion.
8. 21 years, temporary secretary, ed: 1, agnostic.
9. 28 years, distribution assistant, mother educated in Brussels, ed: 2, Roman Catholic.
10. 21 years, administrative assistant, ed: 1, no religion.
11. 32 years clerk/barmaid, ed: 1, Christian.
12. 26 years, public relations officer, parents born and educated in Ireland, ed: 4, no religion.
13. 32 years, journalist for Hansard, mother born in Austria, ed: 2, Jewish.
14. 20 years, student, continuing in education, no religion.
15. 24 years, manager, ed: 3, Roman Catholic.
16. 26 years, teacher, ed: 3, Christian.

(Appendix F: continued)

17. 37 years, married, company director, ed: 2, Church of England, two children.
18. 32 years, administrator, ed: 3, no religion.
19. 39 years, vision mixer, ed: 2, agnostic.
20. 25 years, typist, ed: 2, agnostic.

GROUP THREE

1. 31 years, journalist, "British", ed: 4, no religion.
2. 30 years, nurse, ed: 2, Christian.
3. 30 years, married, secretary, "British", ed: 1, Church of England.
4. 41 years, divorced, housewife, ed: 1, Church of England.
5. 28 years, married, housewife, ed: 1, agnostic, three children.
6. 24 years, manager, ed: 2, agnostic.
7. 23 years, secretary, father born and educated in Romania, ed: 2, Church of England.
8. 25 years, secretary, "British", ed: 4, no religion.
9. 31 years, manager, ed: 4, no religion.
10. 22 years, married musician/lay chaplan, ed: 3, Church of England.
11. 25 years, secretary, ed: 2, no religion.
12. 29 years, social services worker, ed: 2, lapsed Roman Catholic.
13. 22 years, computer operator, ed: 1, Church of England.
14. 39 years, co-habiting, clerk, ed: 2, Church of England.
15. 25 years, nurse, ed: 2, agnostic.
16. 22 years, chef, "British", ed: 1, ex-Roman Catholic.
17. 42 years, married, housewife, ed: 4, Church of England.
18. 29 years, married, student, (previously chartered accountant) educated in Nigeria, father also educated in Nigeria, no religion.

GROUP FOUR

1. 26 years, nurse, ed: 2, no religion.
2. 31 years, medical secretary, ed: 3, Church of England.
3. 24 years, nurse/art student, continuing her education, no religion.
4. 27 years, co-habiting sales representative, ed: 1, lapsed Roman Catholic.
5. 20 years, clerk, "British", ed: 1, no religion.
6. 35 years, married, administrator, ed: 1, Christian, one child.
7. 28 years, nurse, ed: 1, Christian.
8. 39 years, married, accountant, ed: 1, no religion.
9. 26 years sales director, ed: 2, no religion.
10. 30 years, married, public relations director, born in Ghana, ed: 2, Church of England.
11. 24 years, advertising executive, educated in Europe, ed: 3, no religion.
12. 25 years, married, personal secretary, born in Germany, ed: 2, Church of England.
13. 43 years, associate television producer, ed: 1, Church of England.
14. 27 years, telex operator, ed: 1, no religion.
15. 27 years, married, animator, ed: 4, no religion.
16. 26 years, separated, market researcher, ed: 2, Christian.
17. 26 years, designer, ed: 2, Buddhist.

(Appendix F: continued)

GROUP FIVE

1. 29 years, co-habiting, television producer, ed: 2, agnostic.
2. 26 years, secretary, ed: 1, no religion.
3. 23 years, administrator, ed: 1, agnostic.
4. 31 years, married, secretary, ed: 2, Church of England.
5. 25 years, secretary, ed: 2, Roman Catholic.
6. 27 years, married, secretary, ed: 1, Roman Catholic.
7. 26 years, engaged, secretary, ed: 2, agnostic.
8. 37 years, buyer, ed: 2, Christian.
9. 28 years, illustrator, ed: 4, agnostic.
10. 34 years, divorced, advertising executive, ed: 3, no religion.
11. 21 years, secretary, ed: 2, Church of England.
12. 21 years, chaperone for child actors, ed: 1, Christian.

GROUP SIX

1. 30 years, production manger, mother educated in India, ed: 4, (religion: not asked).
2. 31 years, married, secretary, ed: 2, (religion: not asked).
3. 29 years, credit underwriter, "British", ed: 3, (religion: not asked).
4. 35 years, separated, investor relations officer, "British", ed: 4, (religion: not asked).
5. 33 years, secretary, ed: 2, (religion: not asked).
6. 26 years, publishing, "British", ed: 3, Church of England.
7. 26 years, waitress, ed: 1, no religion.
8. 31 years, nurse, ed: 2, Church of England.
9. 31 years married, solicitor, ed: 4, no religion.
10. 30 years, journalist, ed: 3, Roman Catholic.
11. 27 years computer programmer, ed: 2, Church of England.
12. 38 years, divorced, student, continuing her education, no religion.
13. 30 years, married receptionist, "British", ed: 1, no religion.
14. 23 years, trainee journalist, ed: 2, Church of England.
15. 20 years, actress, ed: 1, Church of England.

APPENDIX G:

THE OPEN BODY

Group One: Doubly-open

- 6.2) Age 31, married, educated to 18 years, secretary.
- 6.3) Age 29, single, educated to 21 years, credit underwriter.
- 6.9) Age 26, single, educated to 21 years, publishing.
- 6.12) Age 31, single, educated to 18 years, nurse.
- 6.13) Age 31, married, educated to 22 years, solicitor.
- 6.15) Age 27, single, educated to 17 years, computer programmer.
- 6.18) Age 30, single, educated to 15 years, receptionist.

Group Two: Open

- 6.20) Age 26, single, educated to 16, singer/dancer.
- Katy) Age 28, married, educated to 16, housewife.

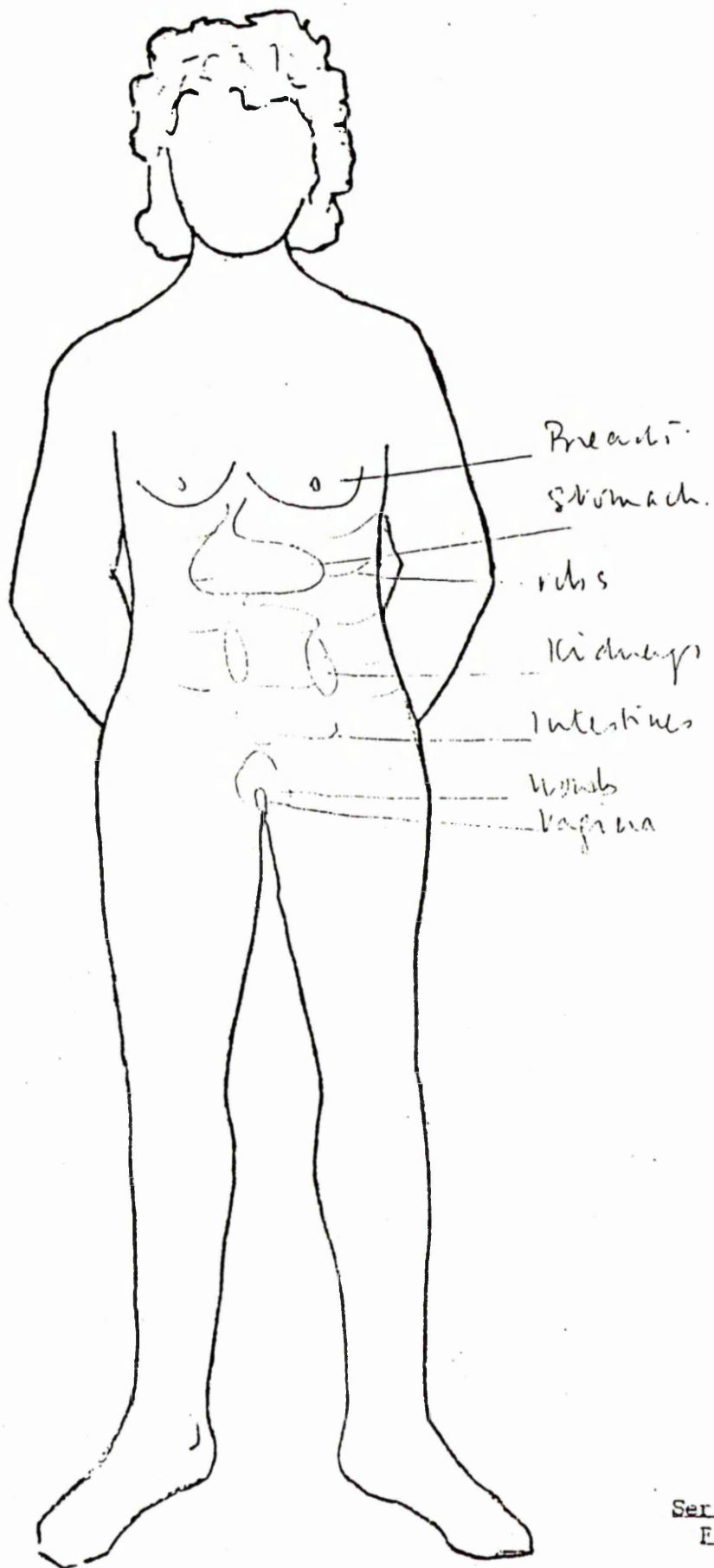
Group Three: Locally open

- 6.1) Age 30, single, educated to 22 years, television production manager.
- 6.5) Age 33, single, educated to 17 years, secretary.
- 6.11) Age 26, single, educated to 16 years, waitress.
- 6.16) Age 38, divorced, educated to 16, medical receptionist.
- 6.19) Age 23, single, educated to 18, trainee journalist.

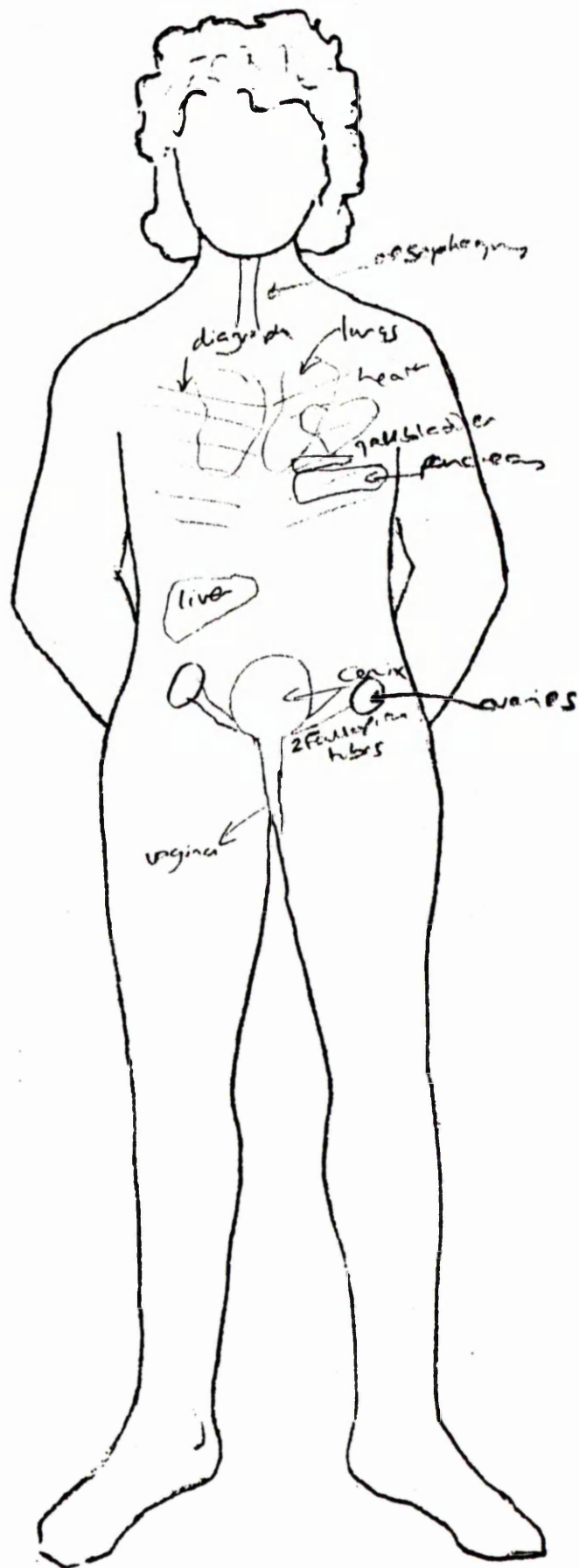
Group Four: Closed

- 6.14) Age 30, single, educated to 21, journalist.
- 6.4) Age 35, separated, educated to 25, investor relations (oil).

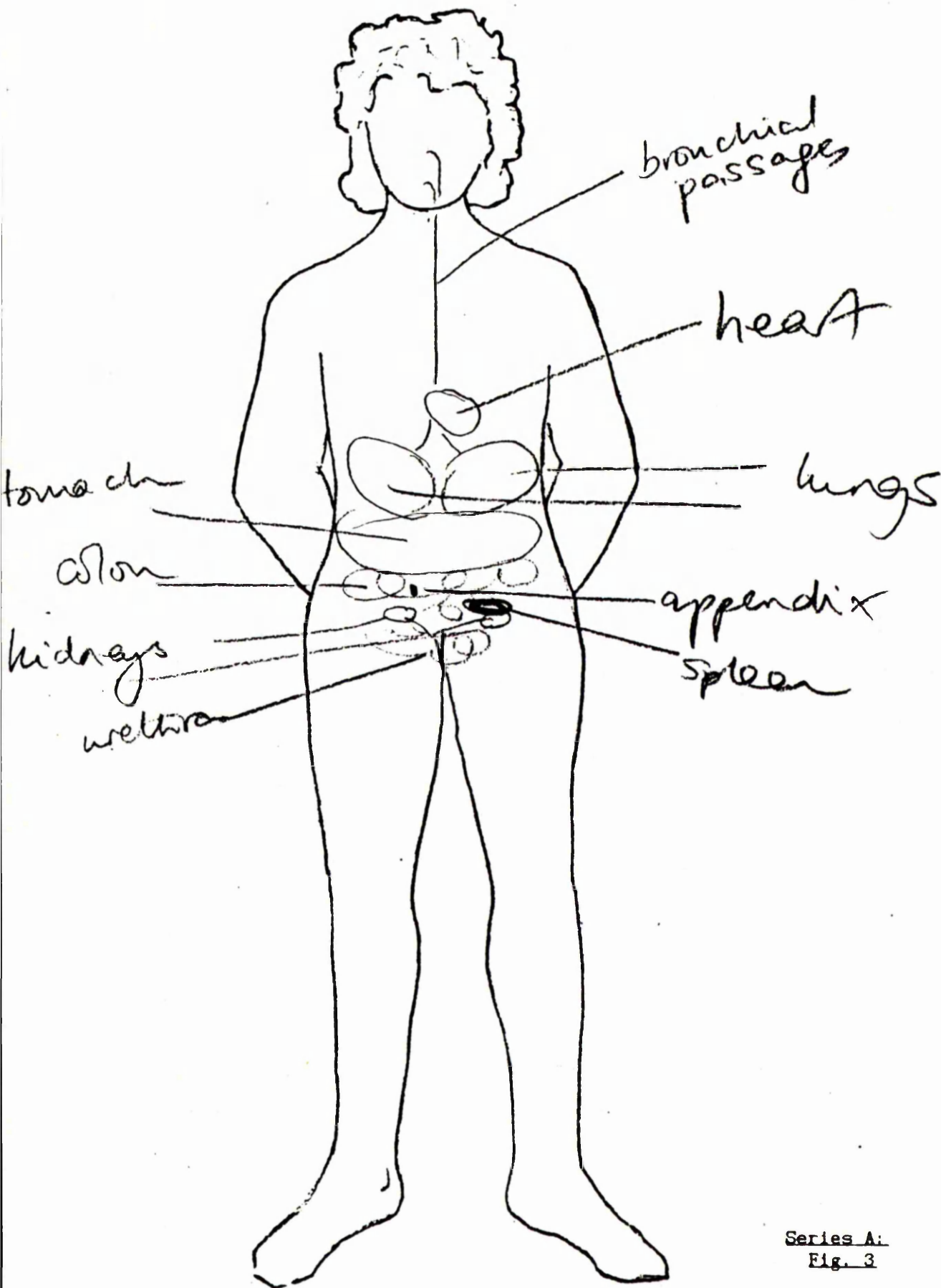
DRAWINGS



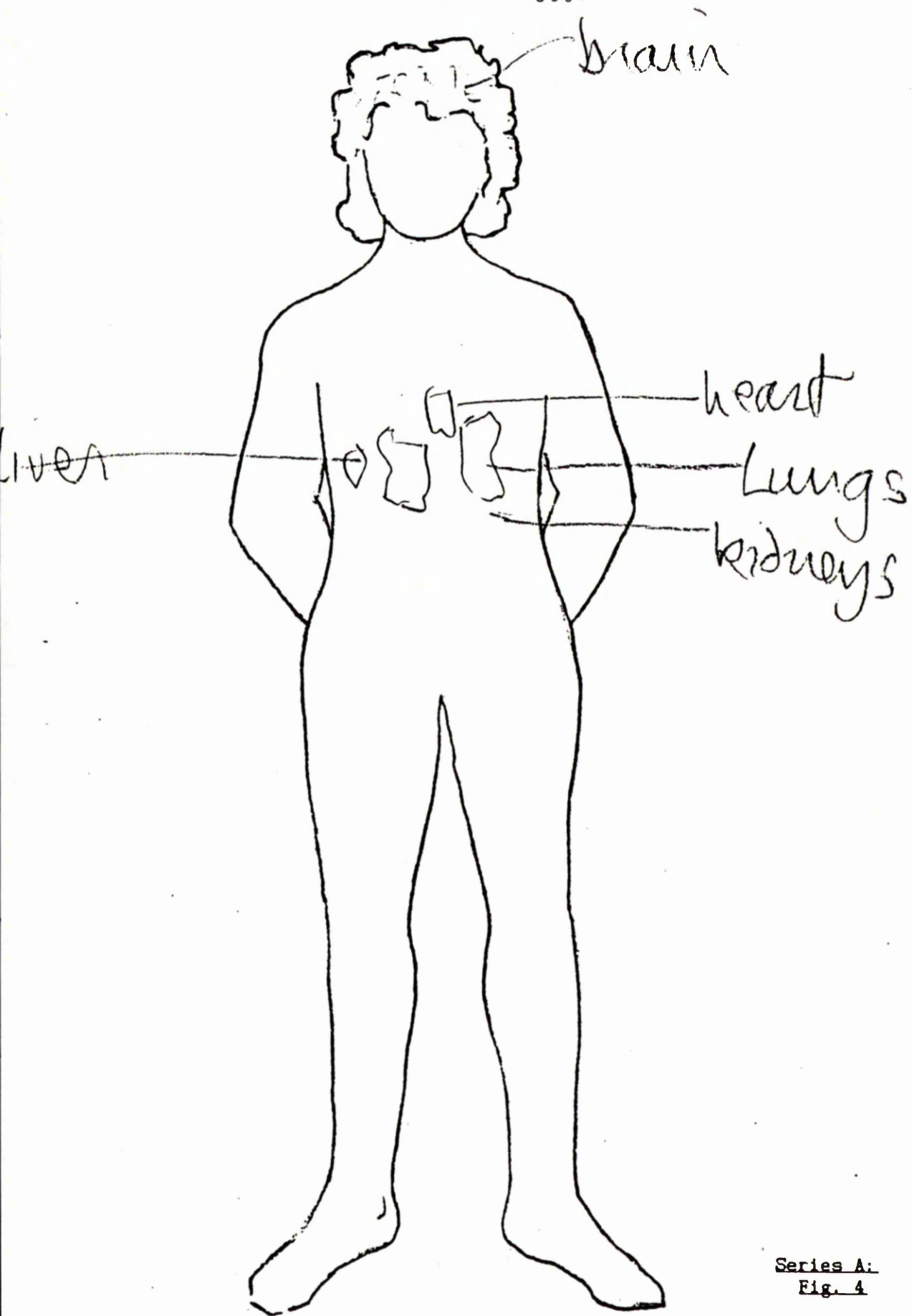
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Fig. 1



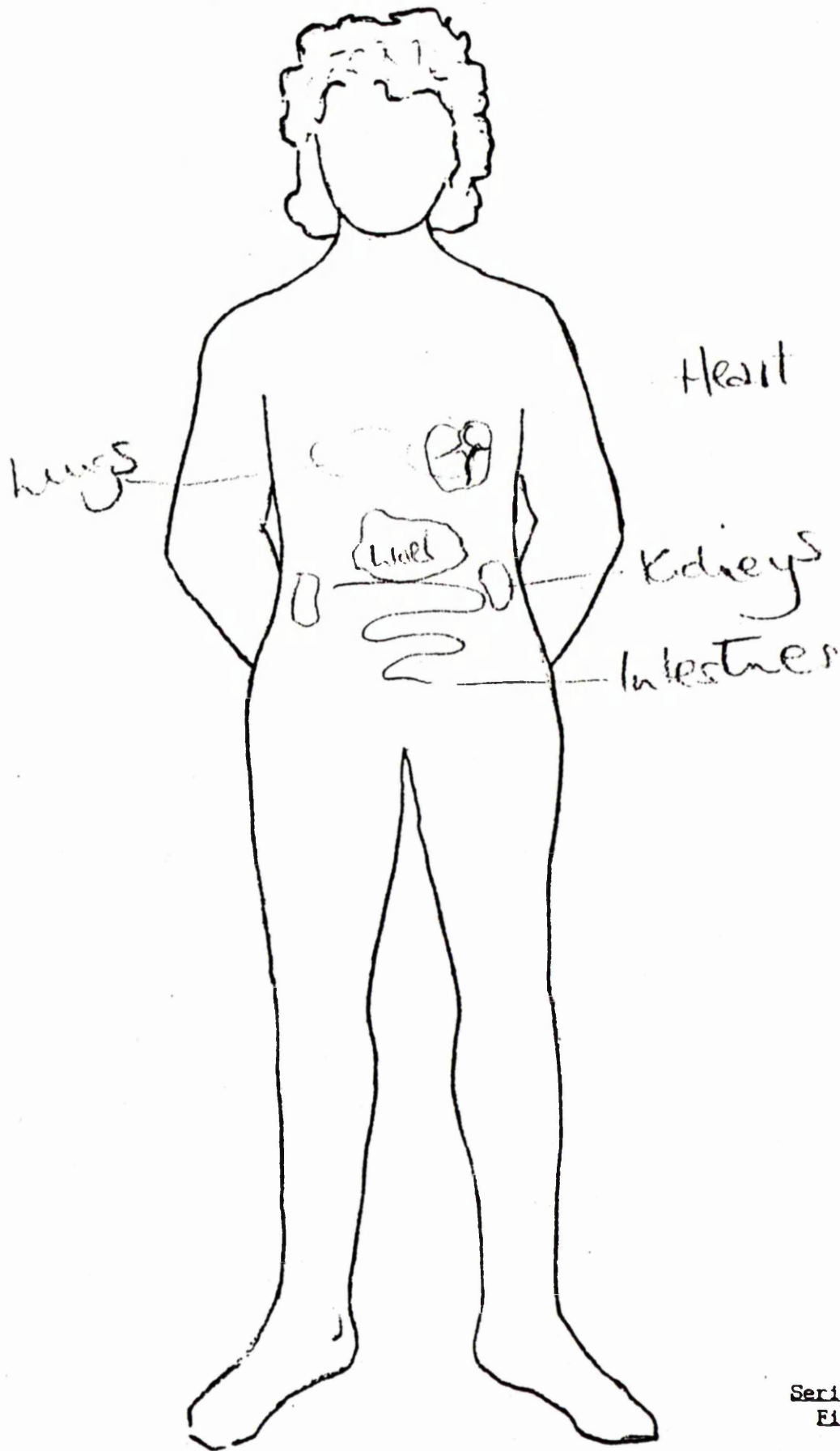
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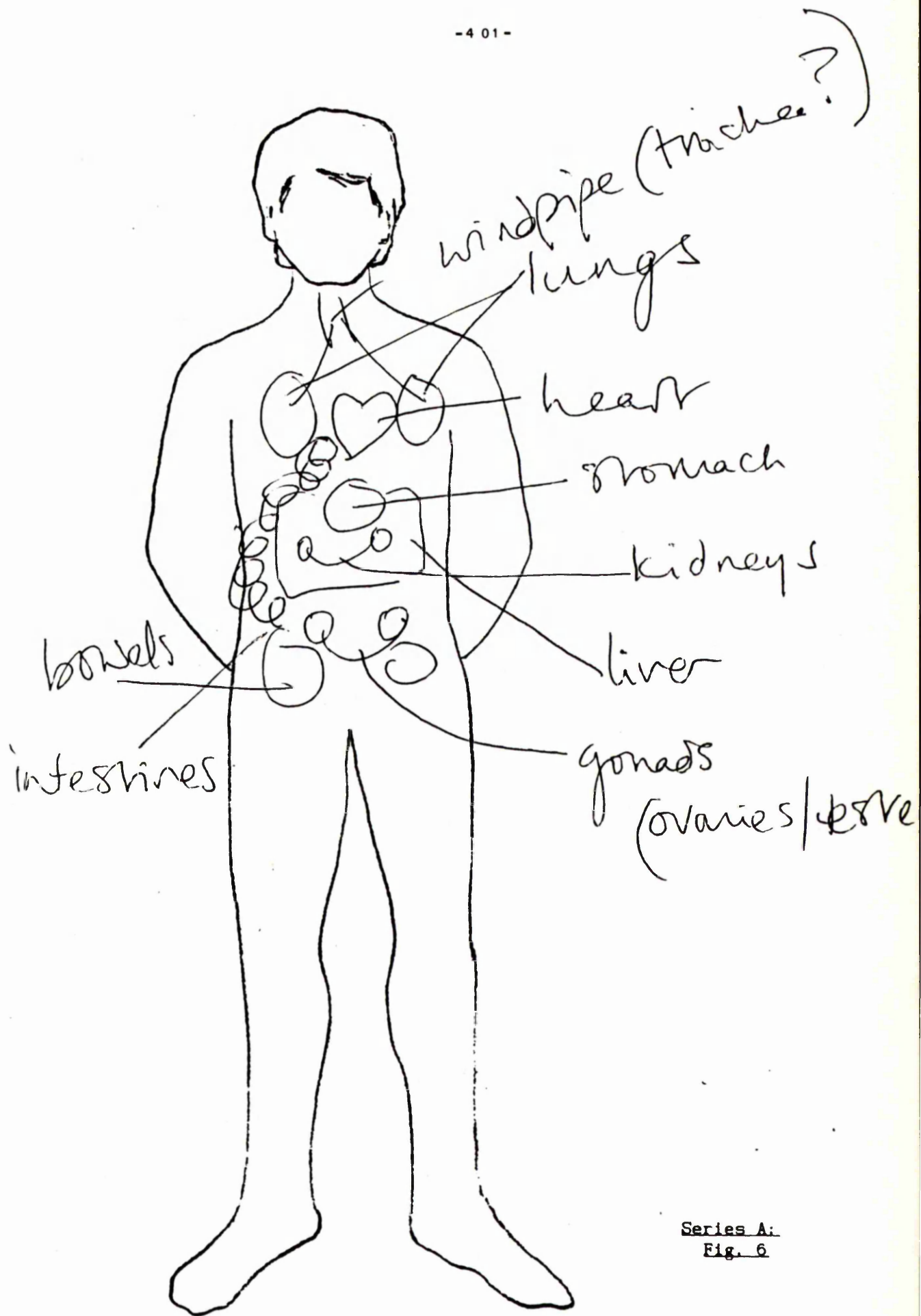
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Fig. 3



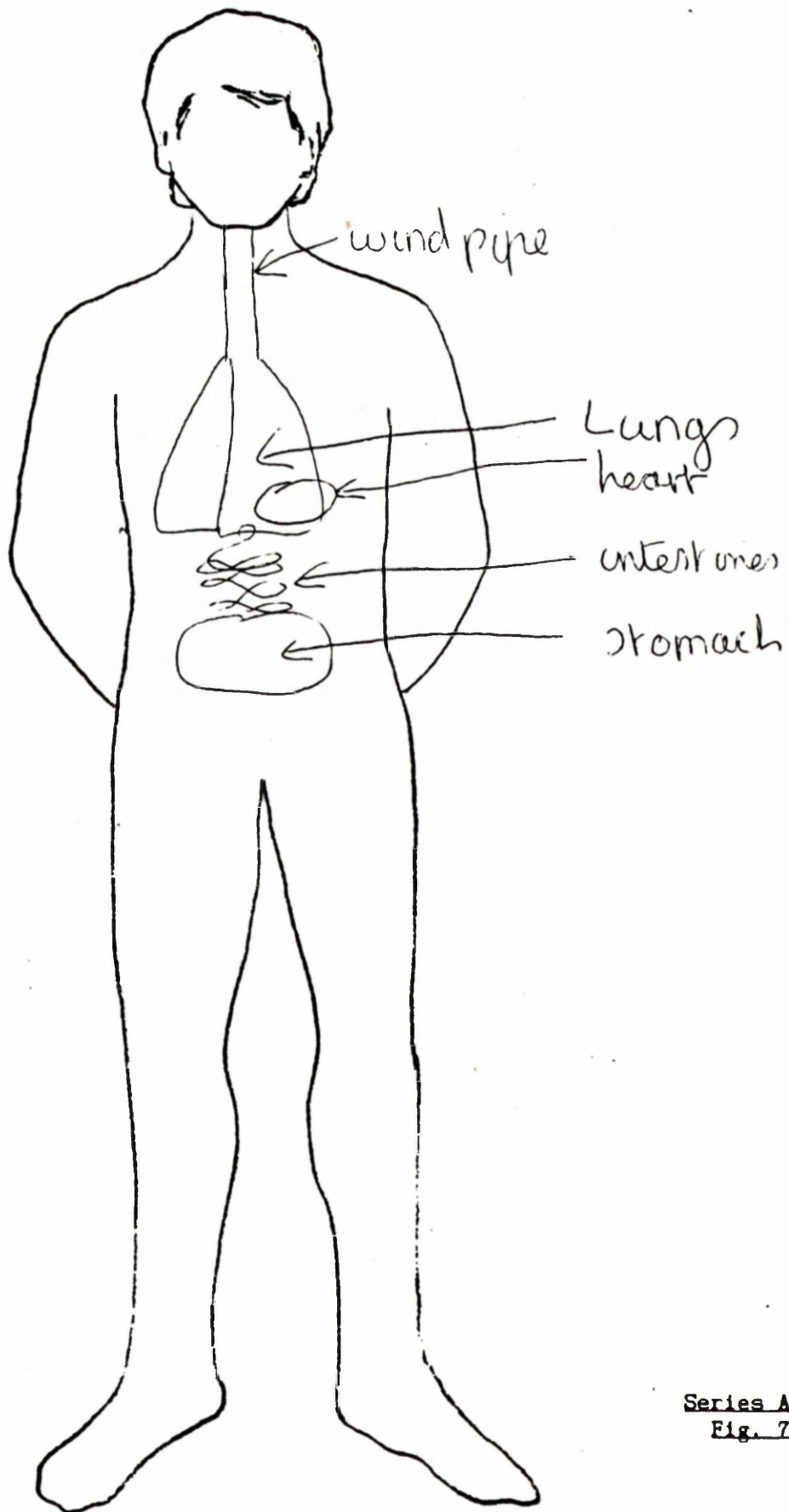
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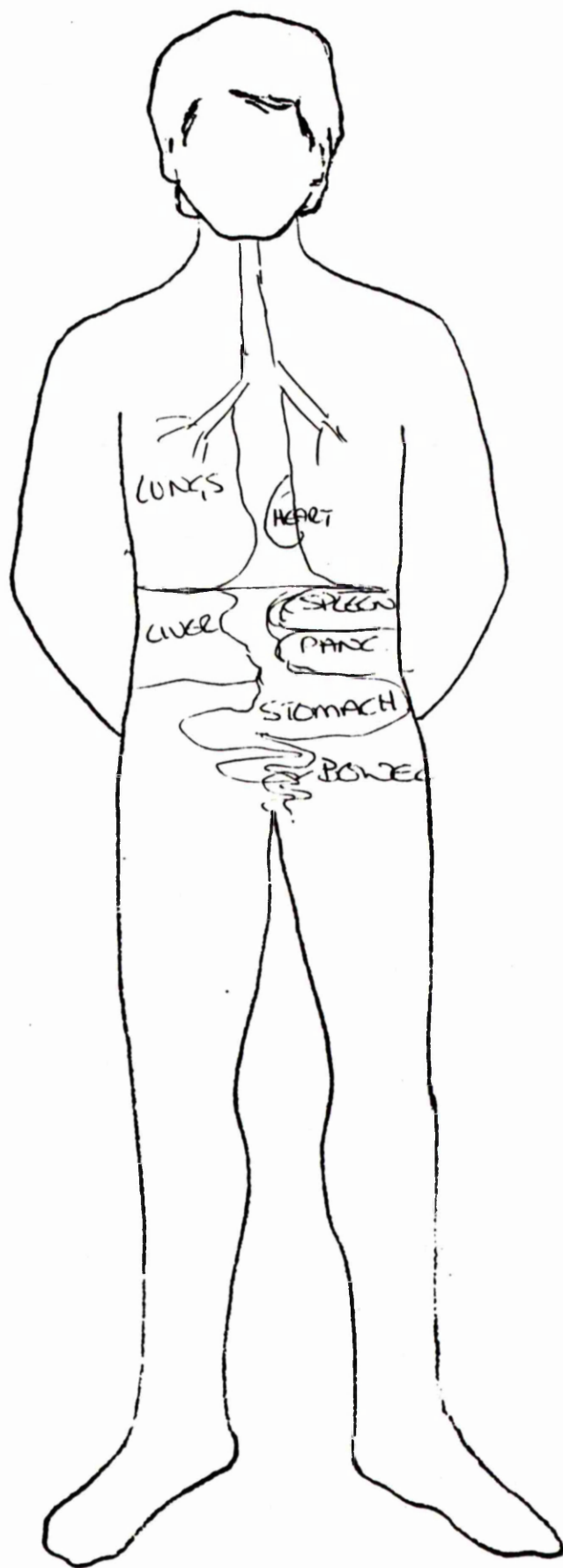
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Fig. 5



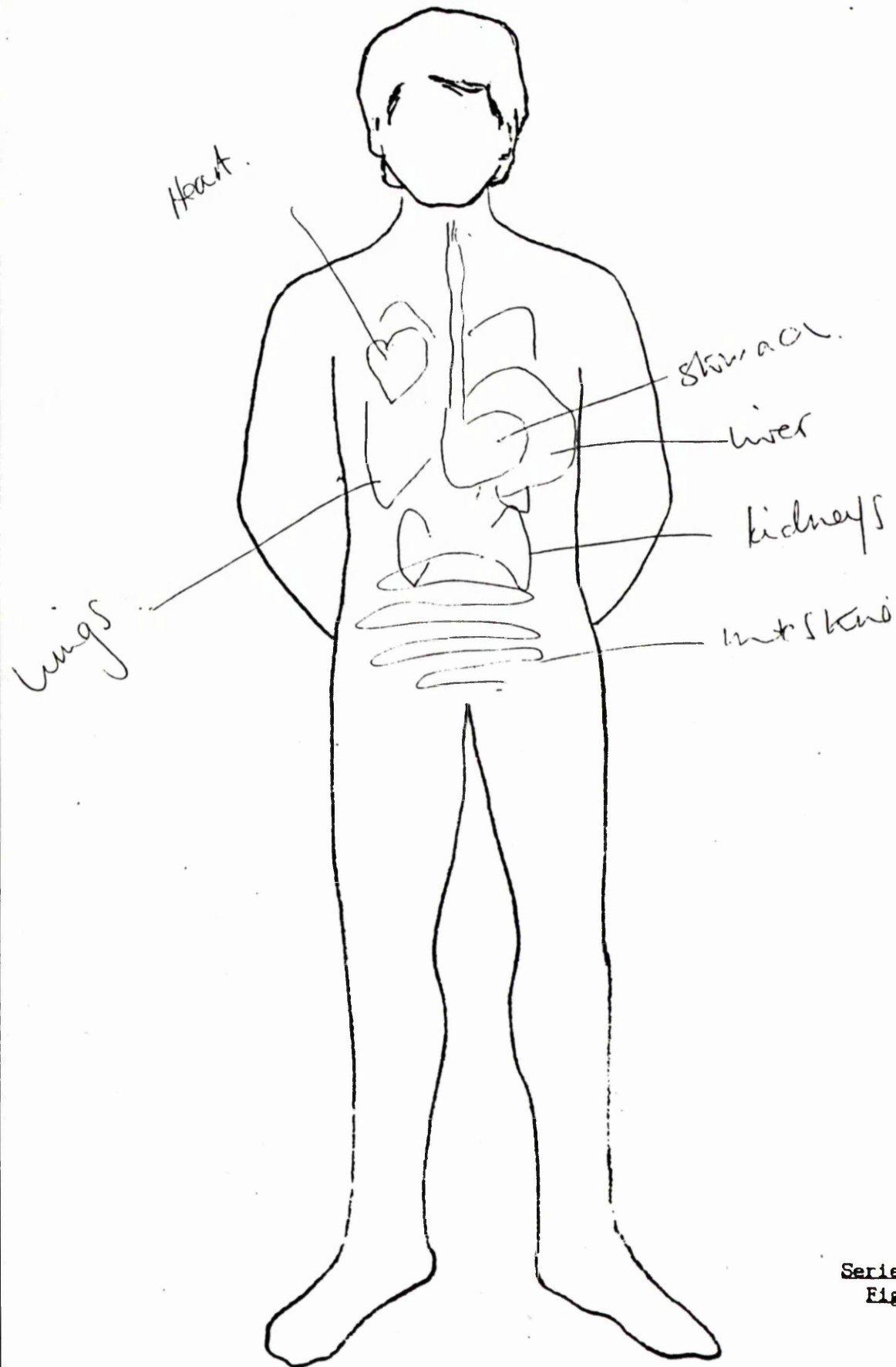
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Fig. 6



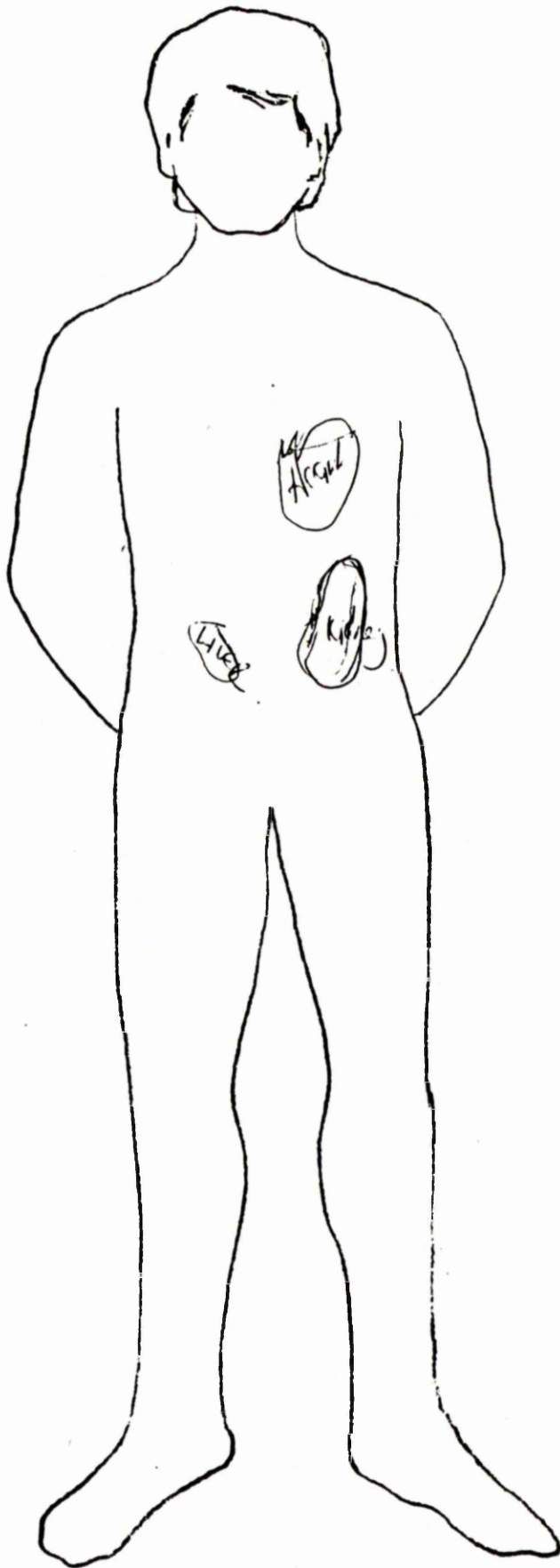
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Fig. 7



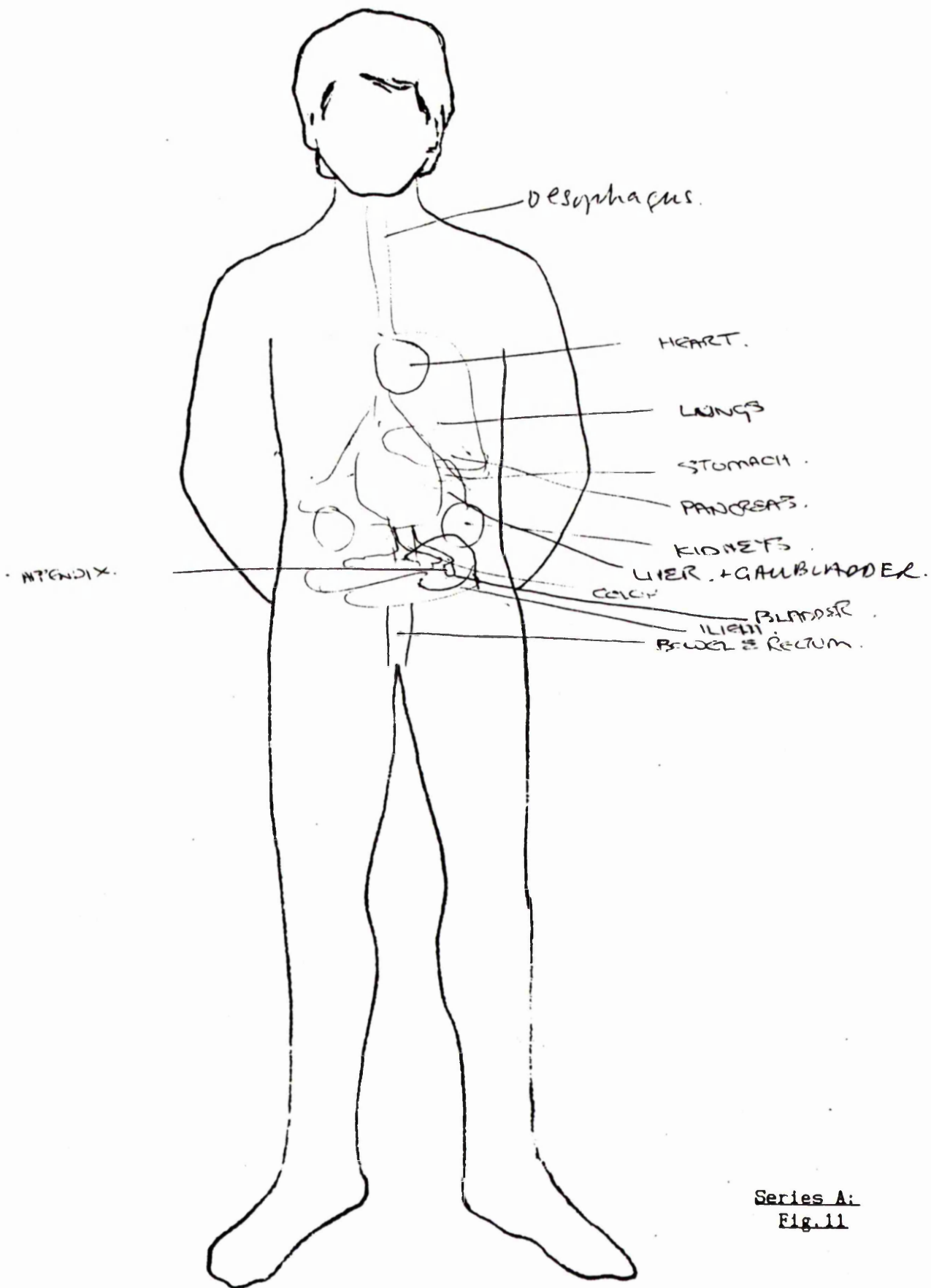
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Fig. 8



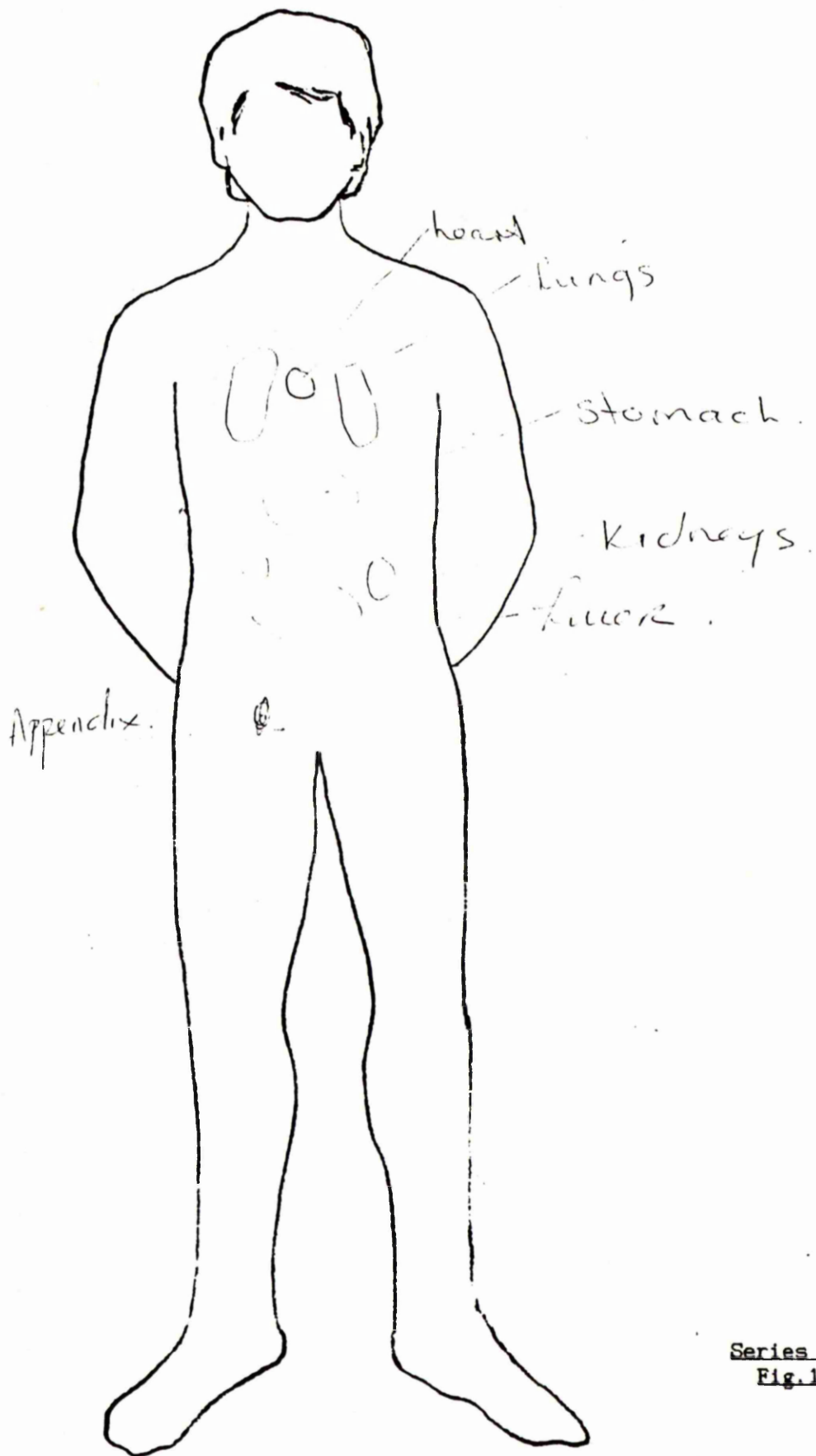
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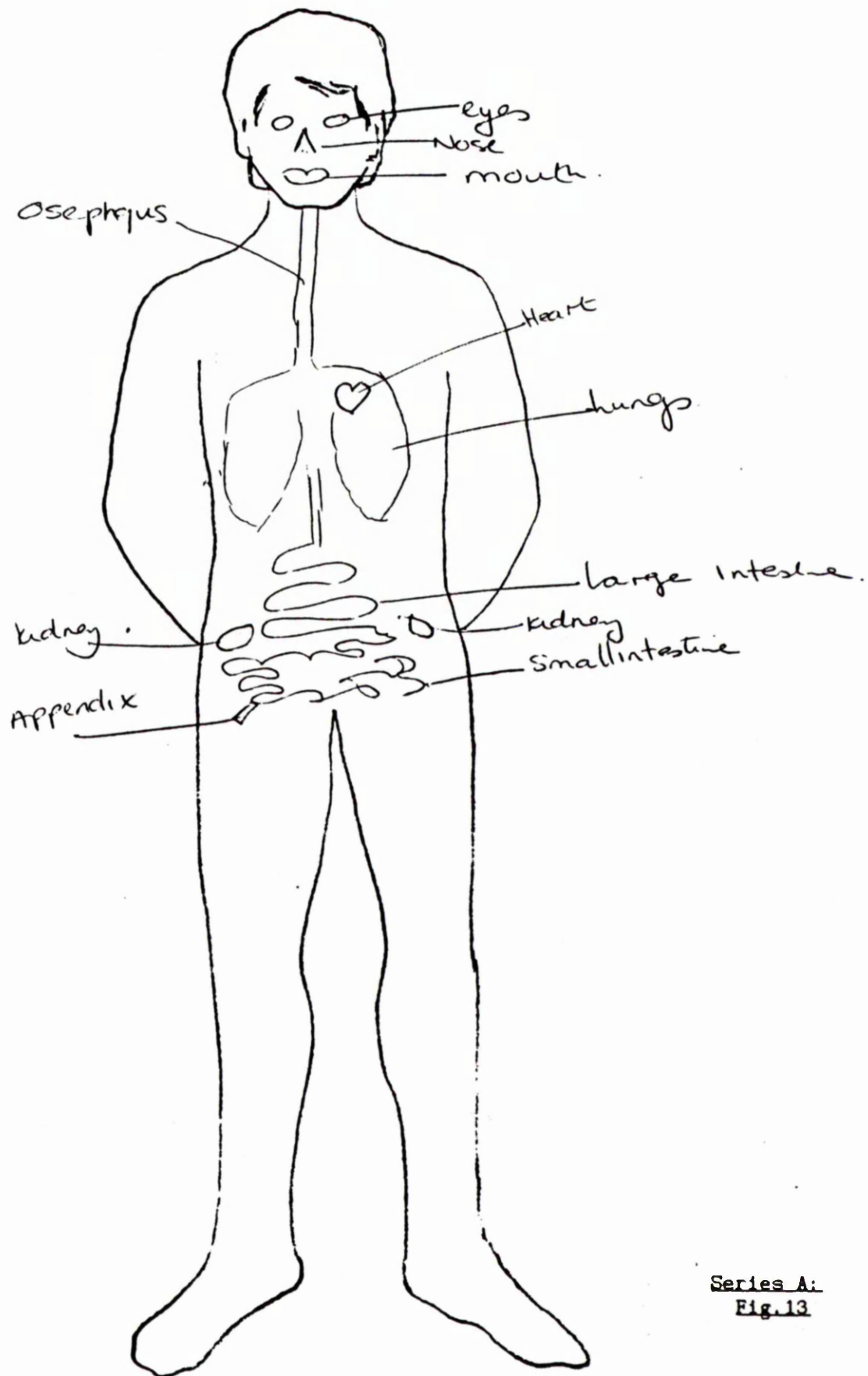
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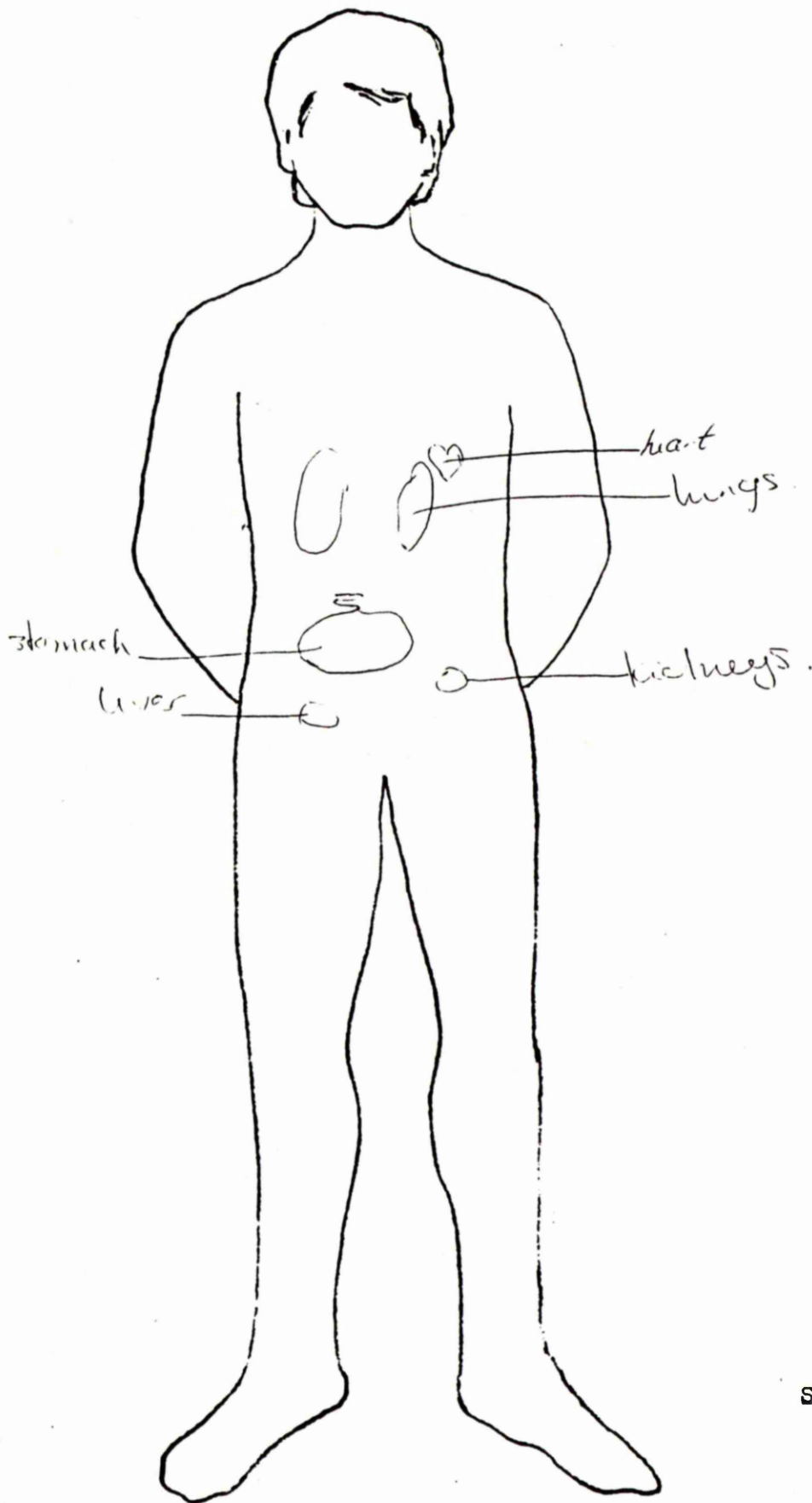
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Fig. 11



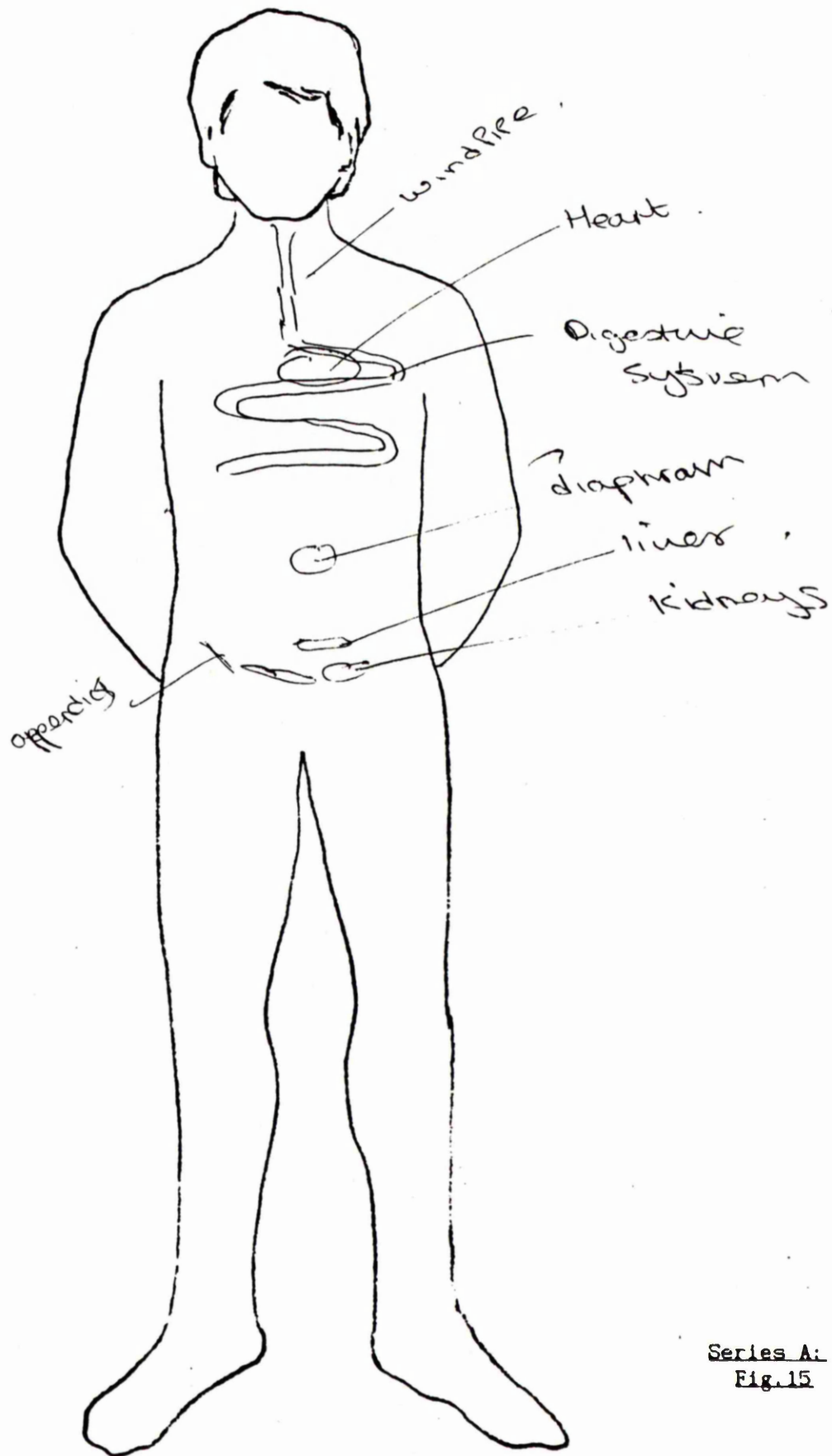
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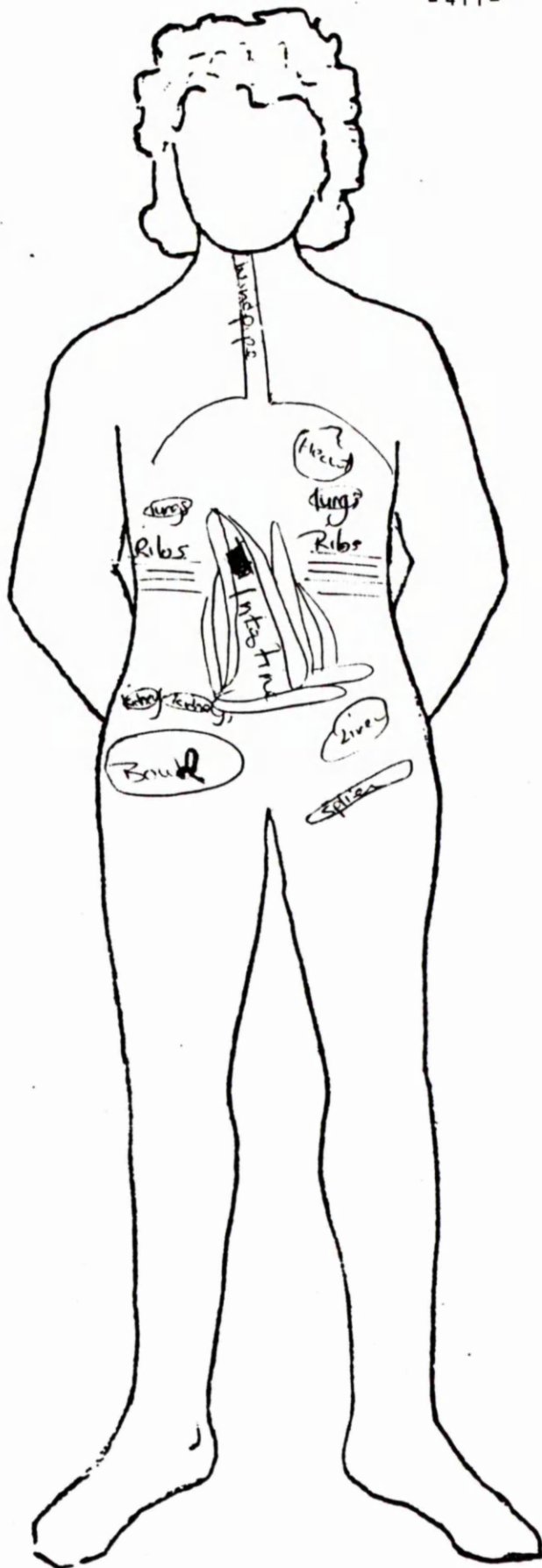
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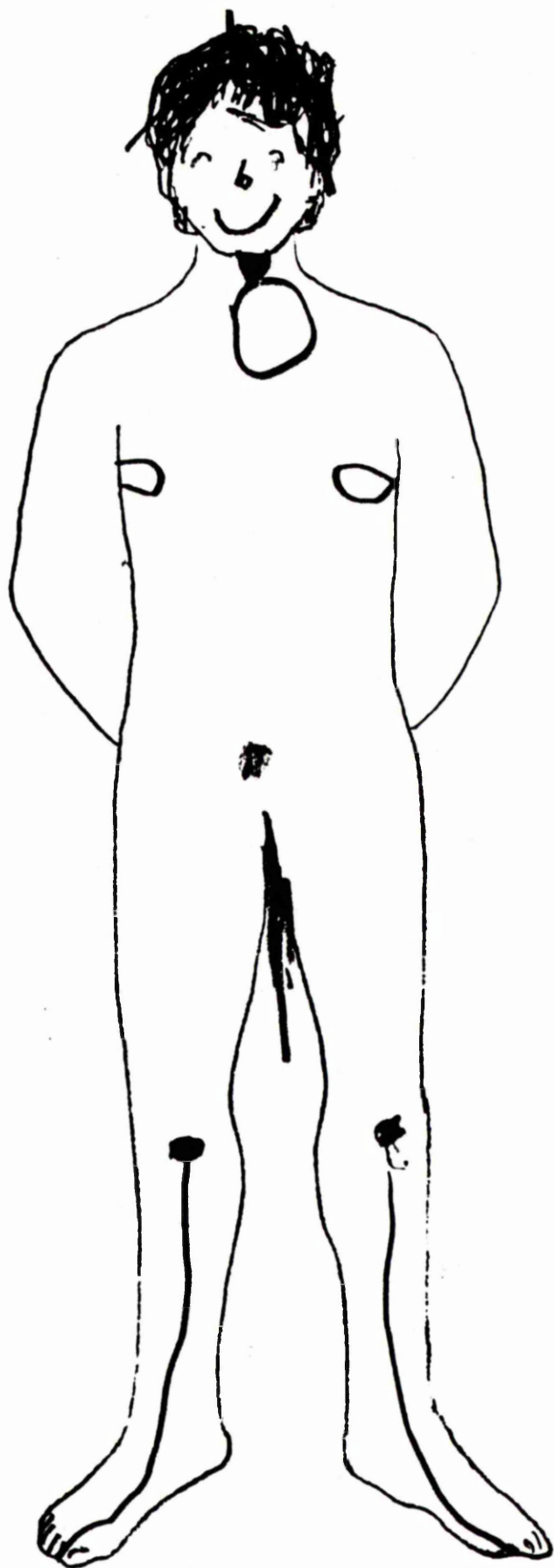
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Fig. 14



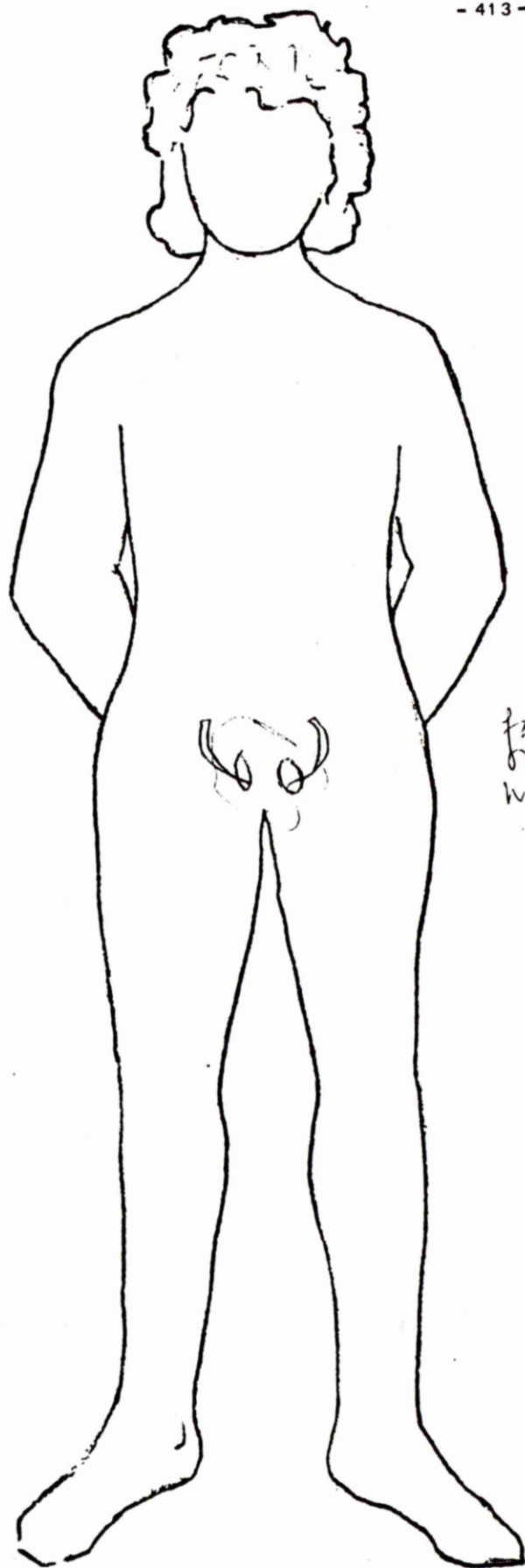
Series A:
Fig. 15



Series A:
Fig. Katy

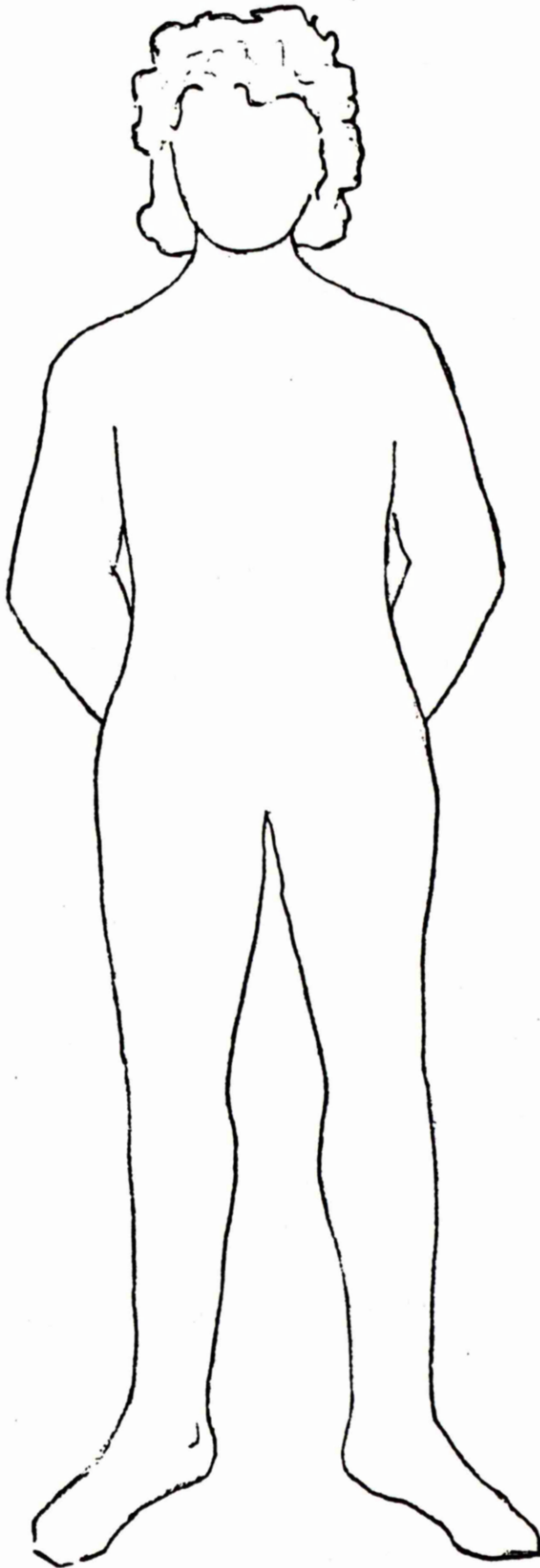


Series A:
Fig. William
(Age 5)



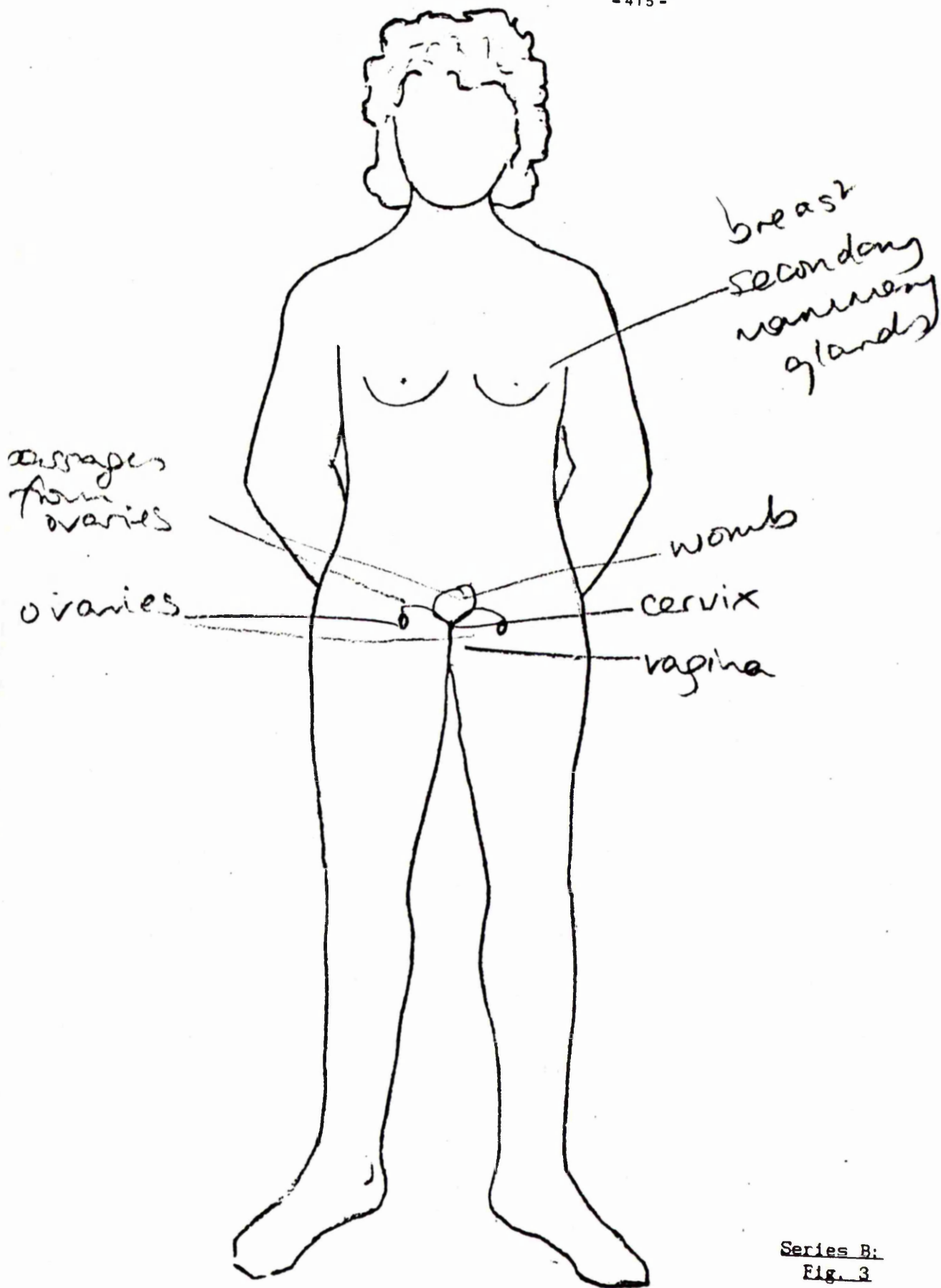
fallopian tube.
ovaries
womb

Series B:
Fig. 1

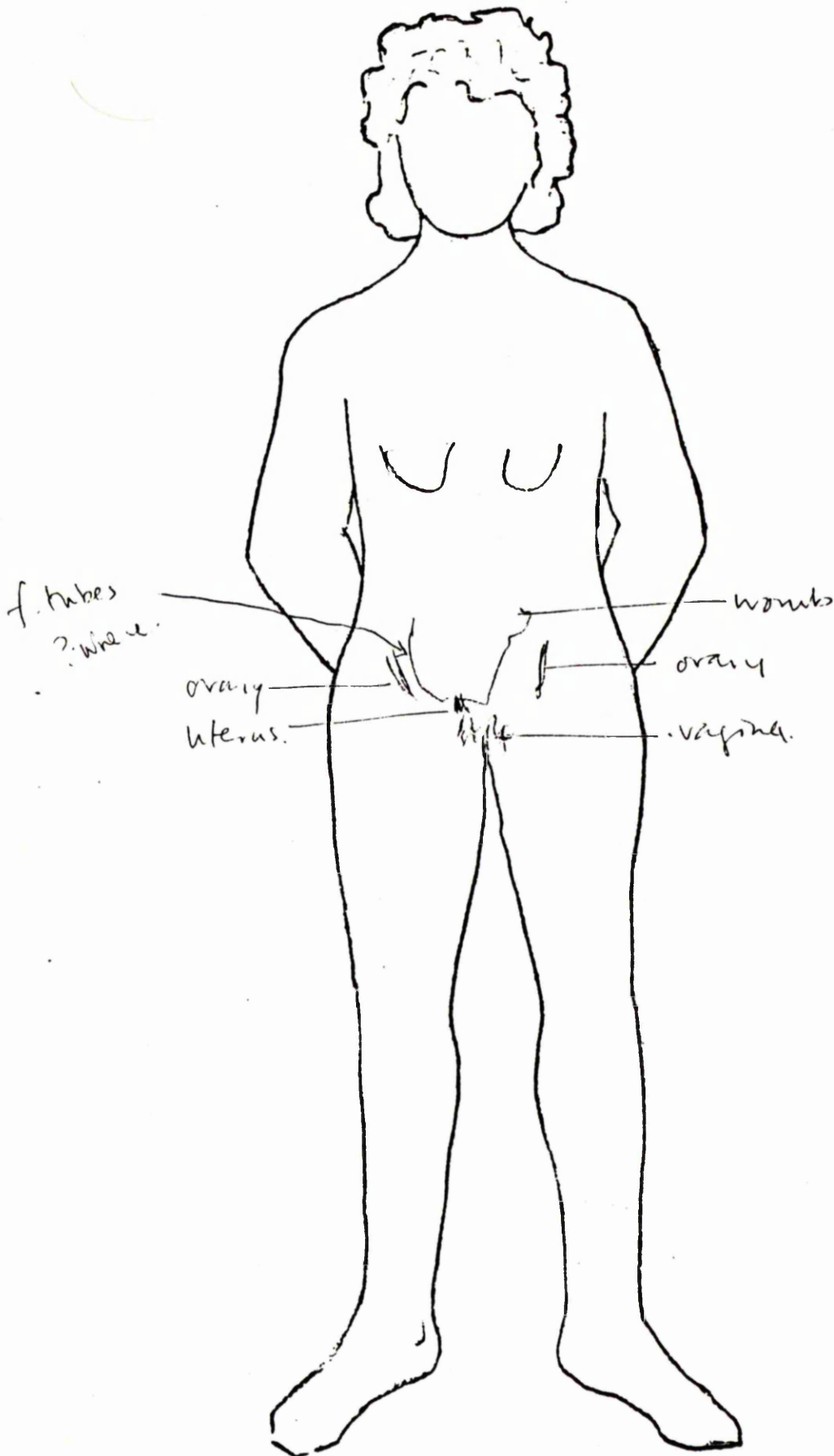


(see Fig. 2 in
Series A)

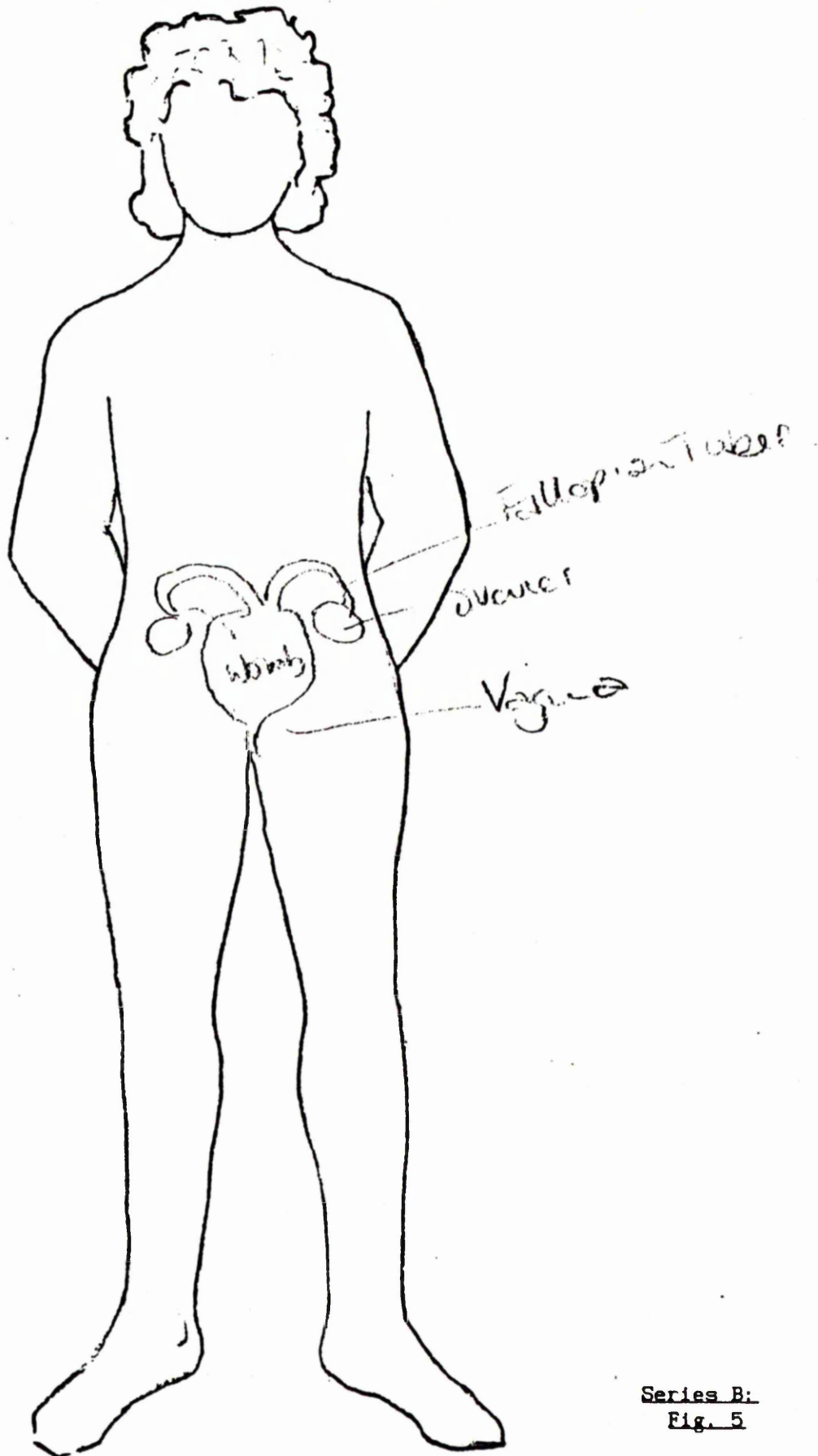
Series B:
Fig. 2



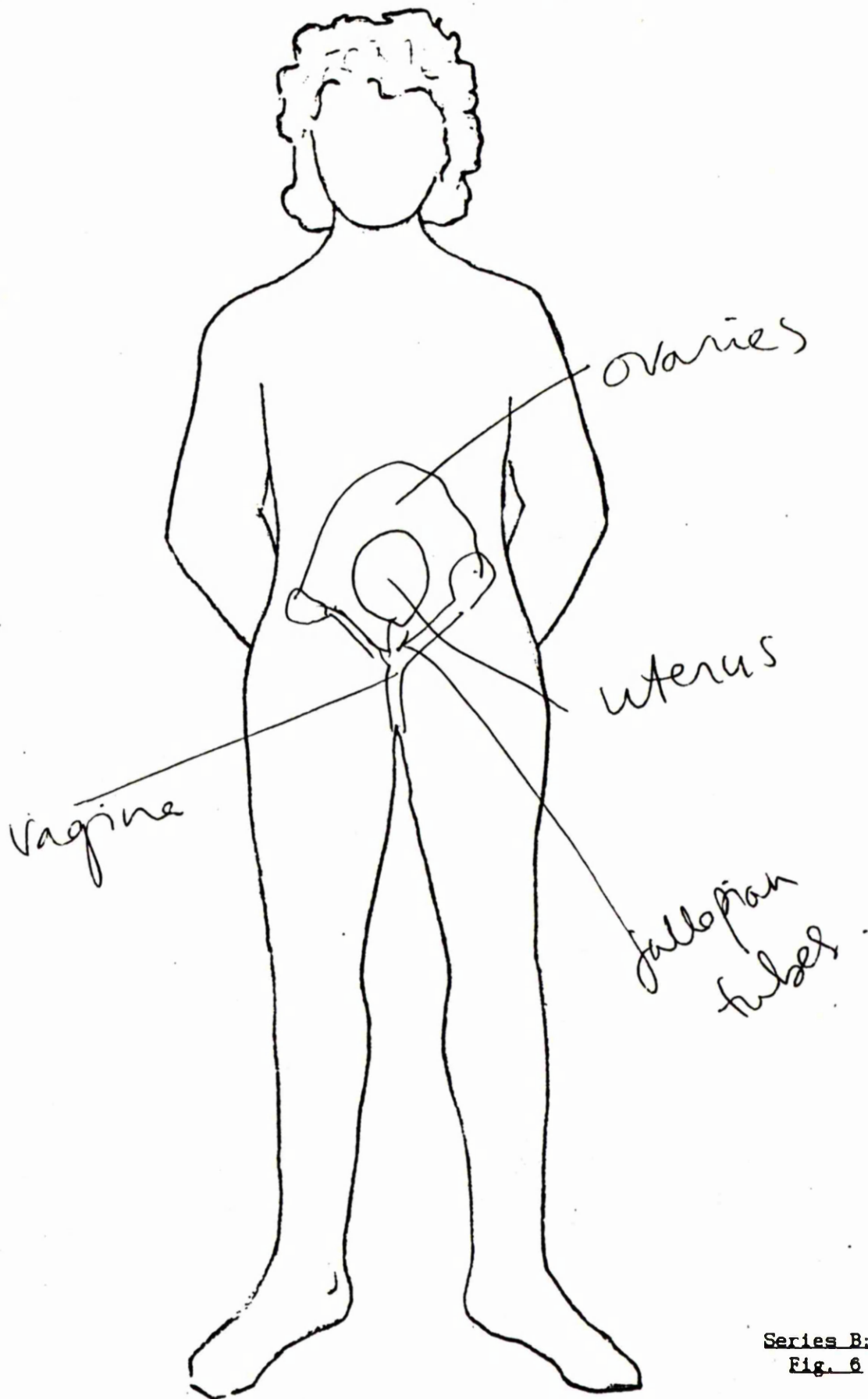
Series B:
Fig. 3



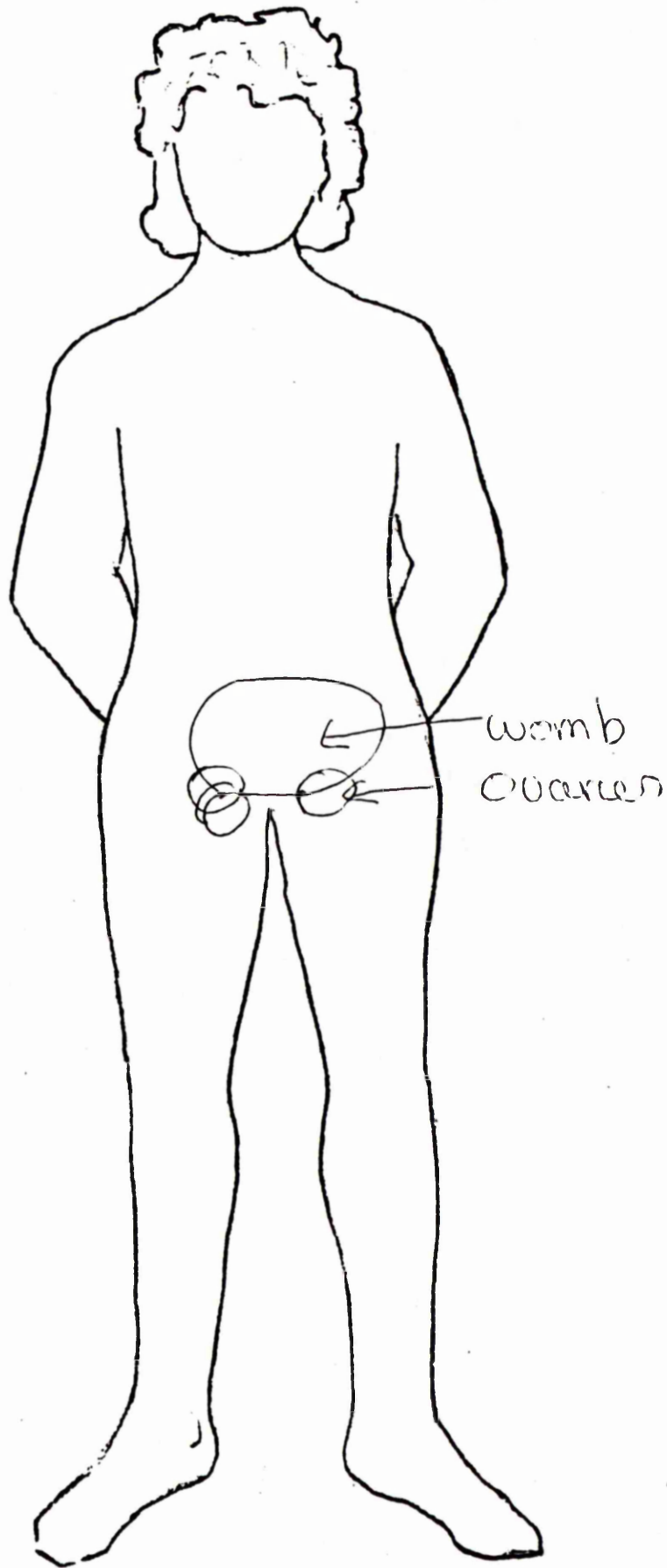
Series B:
Fig. 4



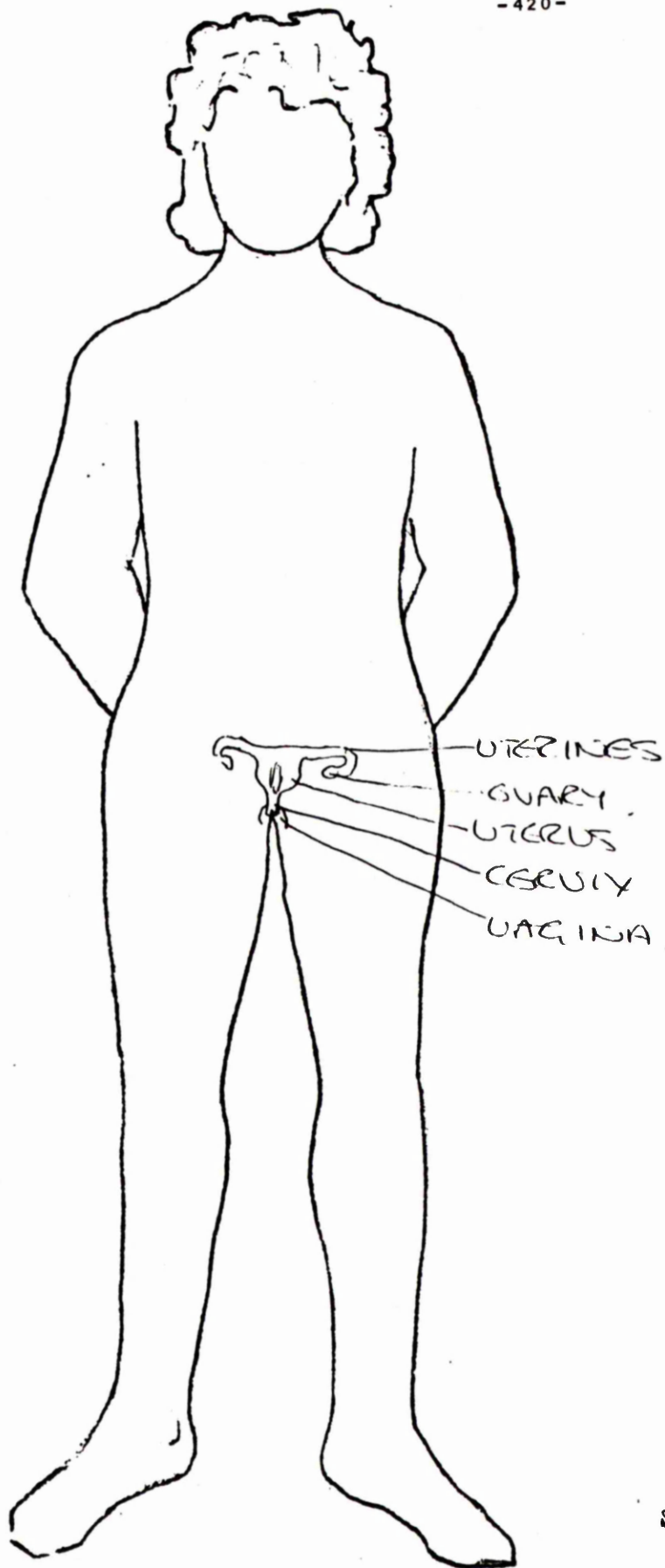
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Fig. 5



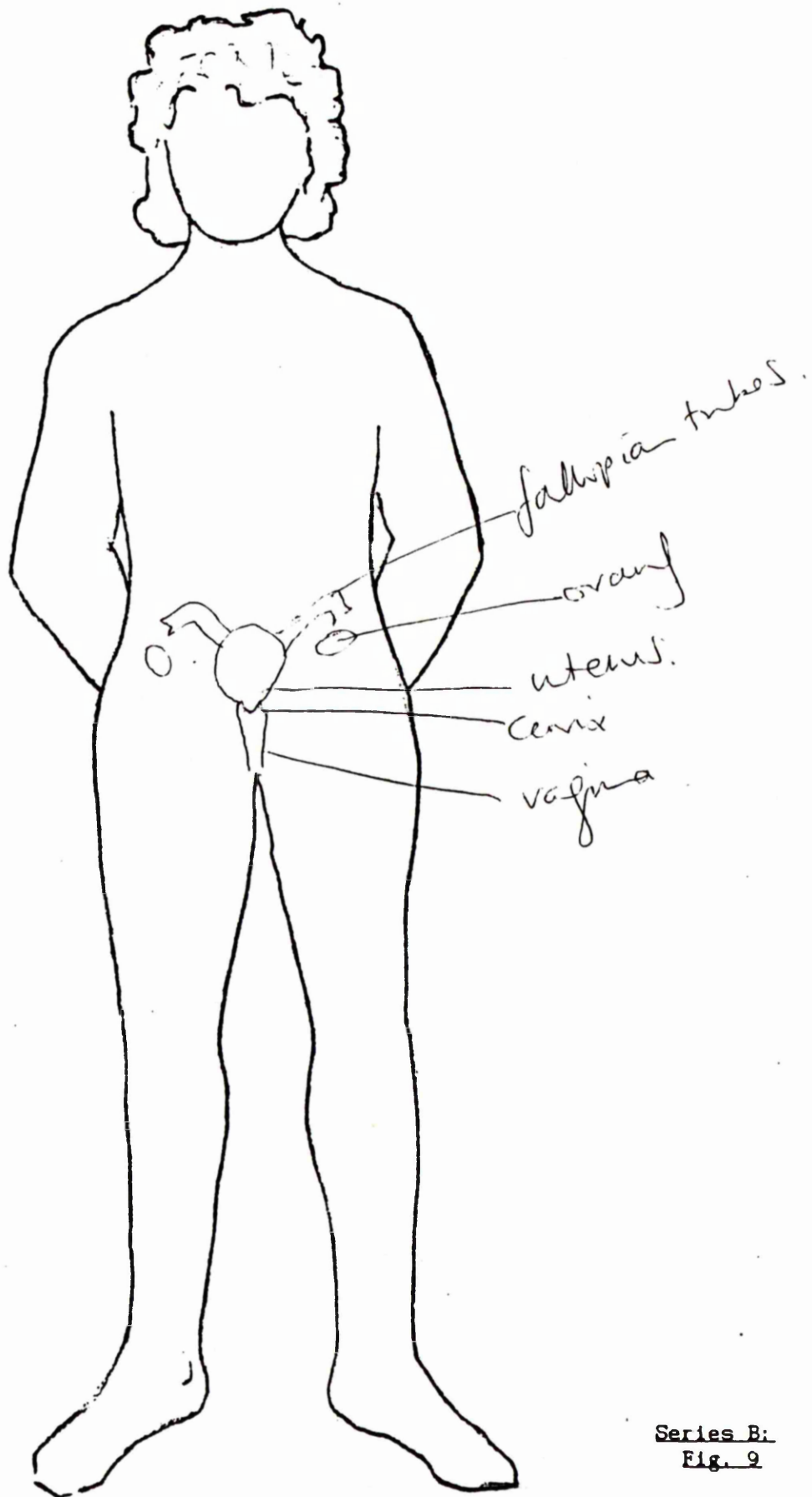
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Fig. 6



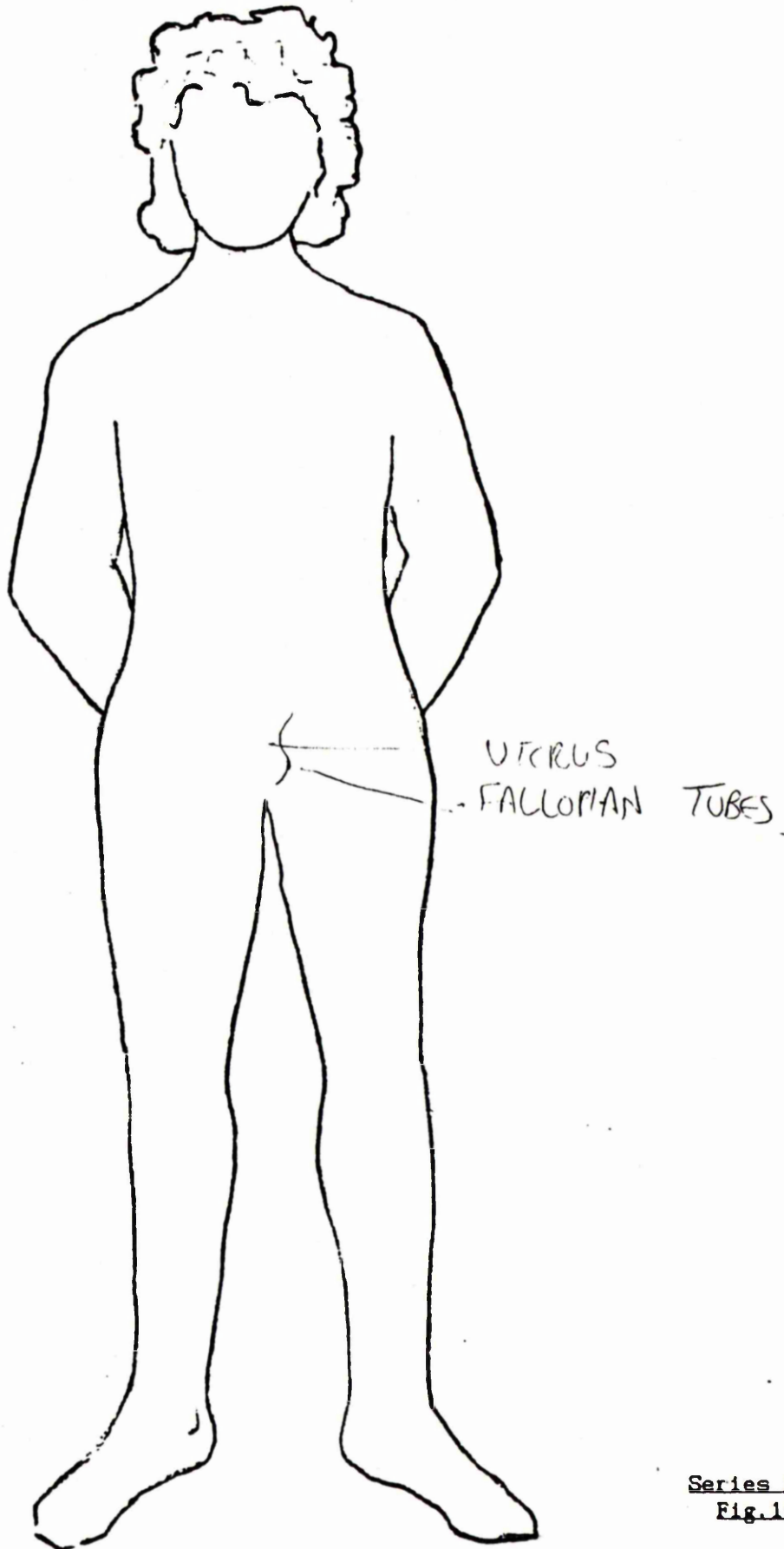
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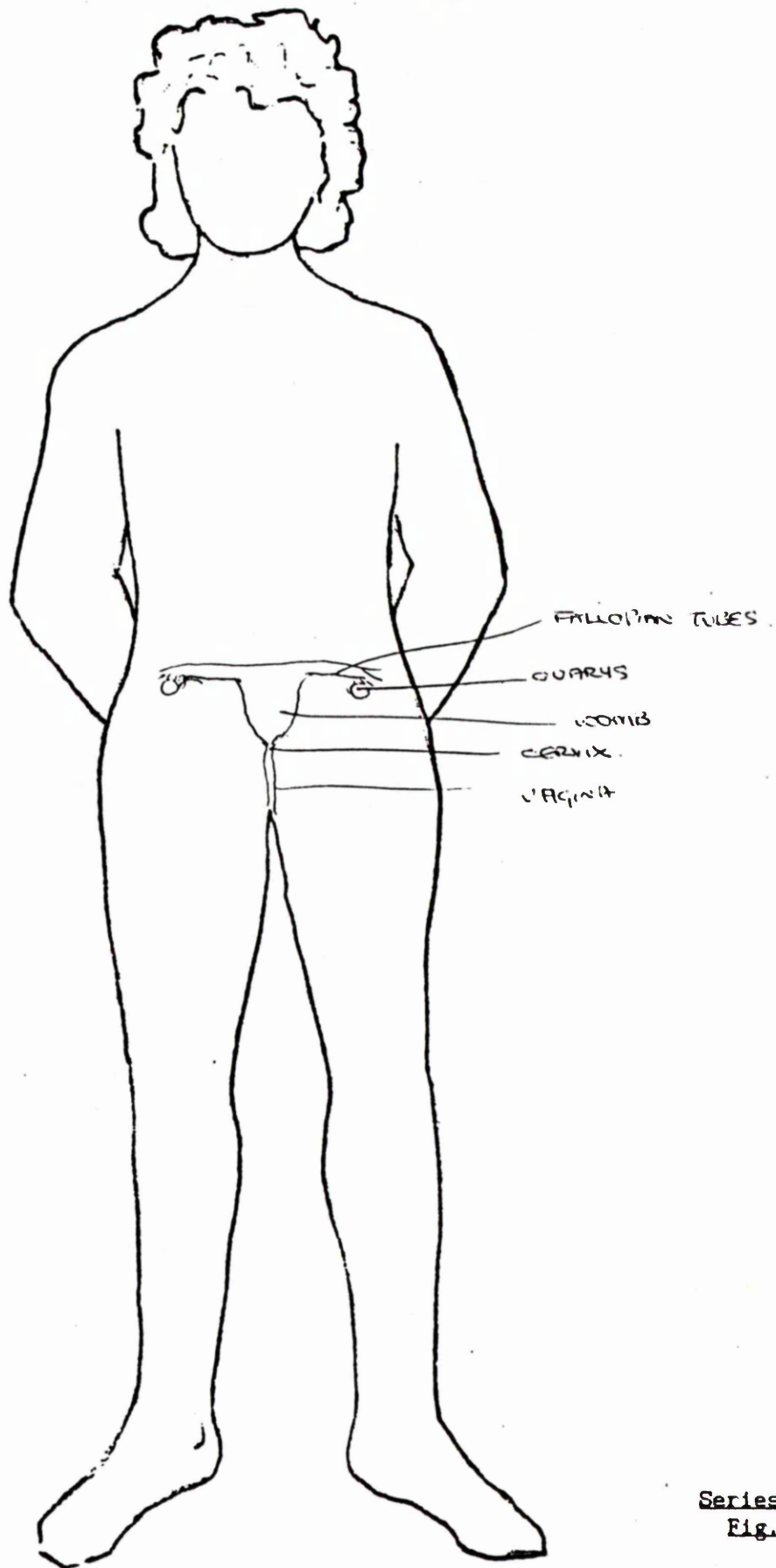
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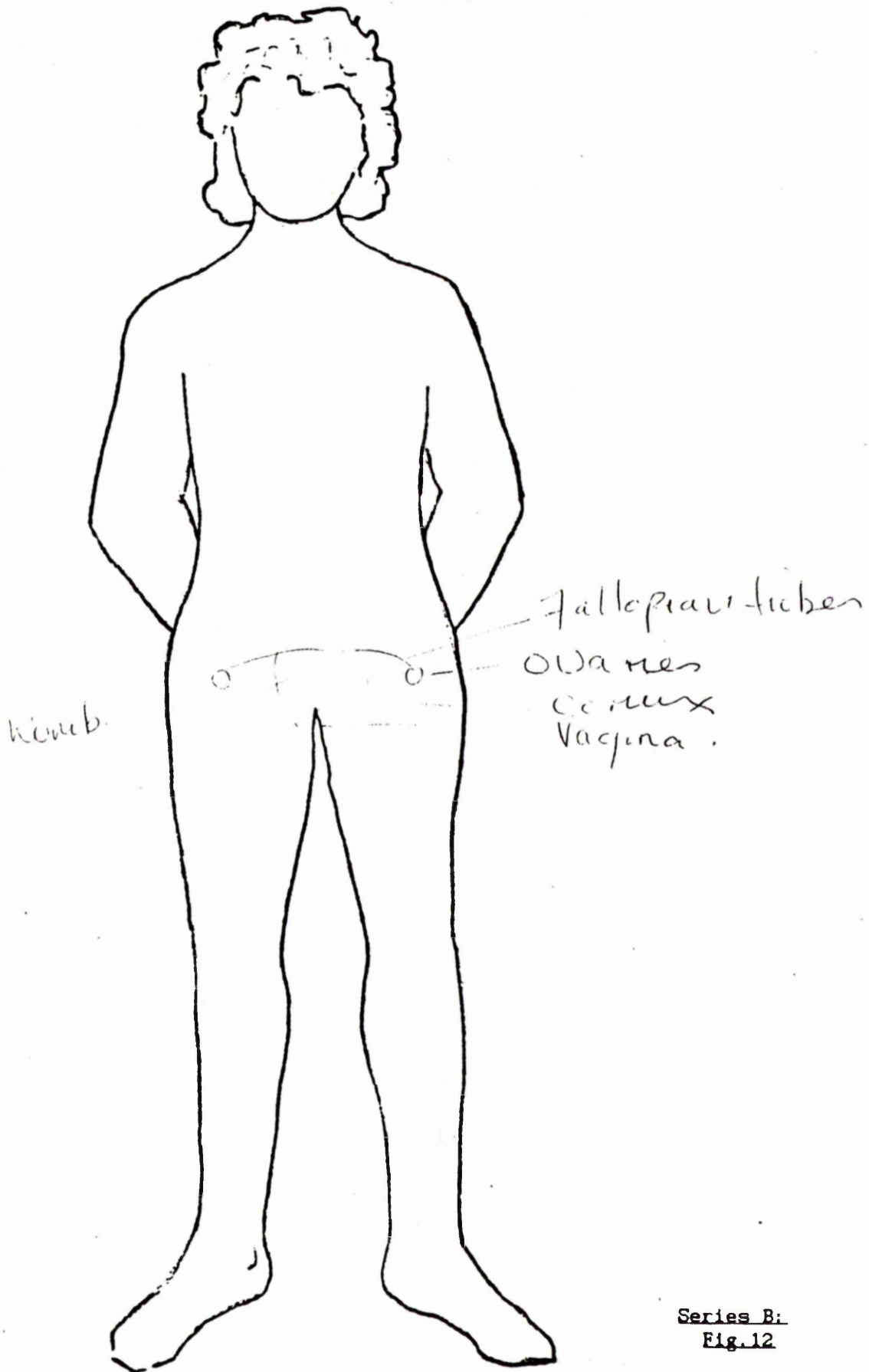
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Fig. 9



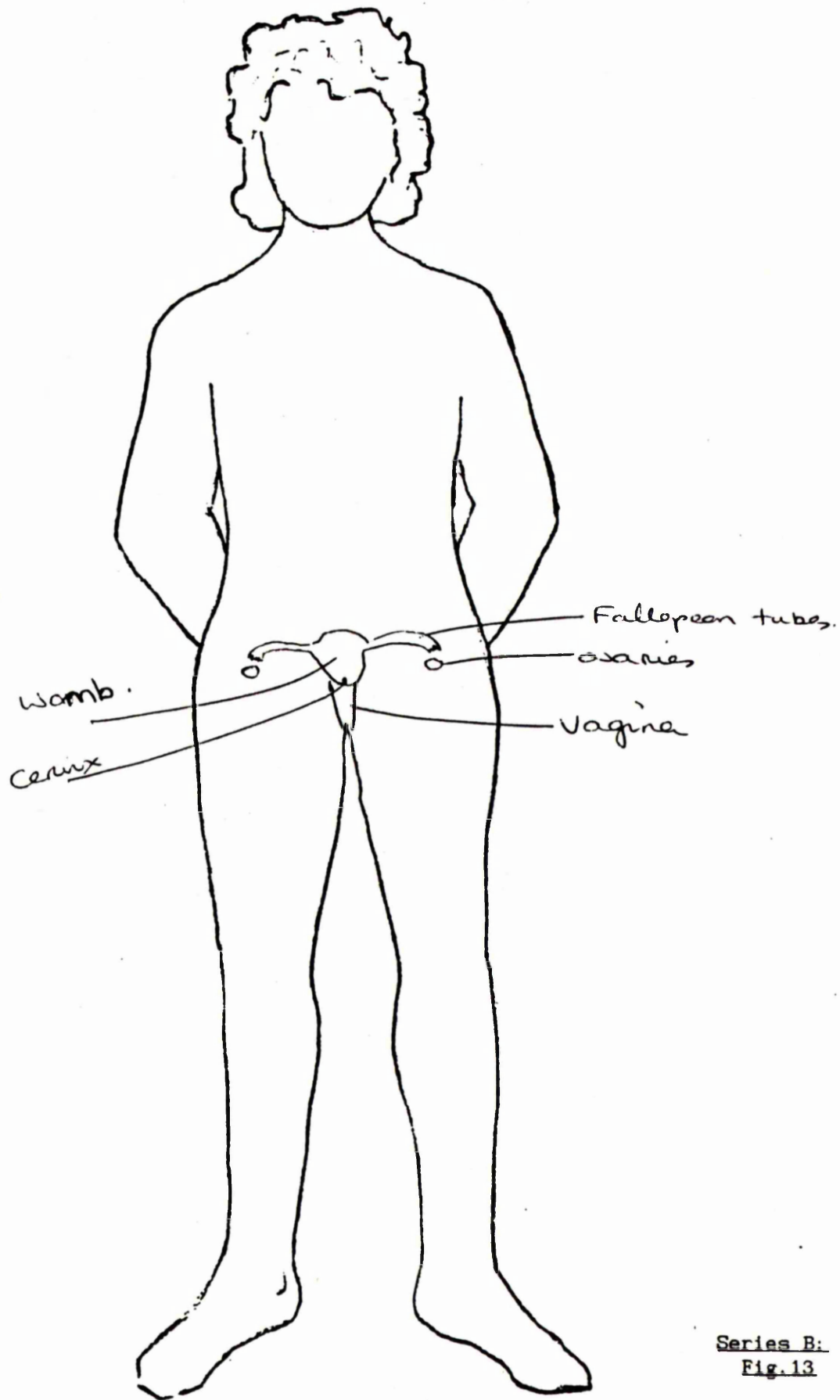
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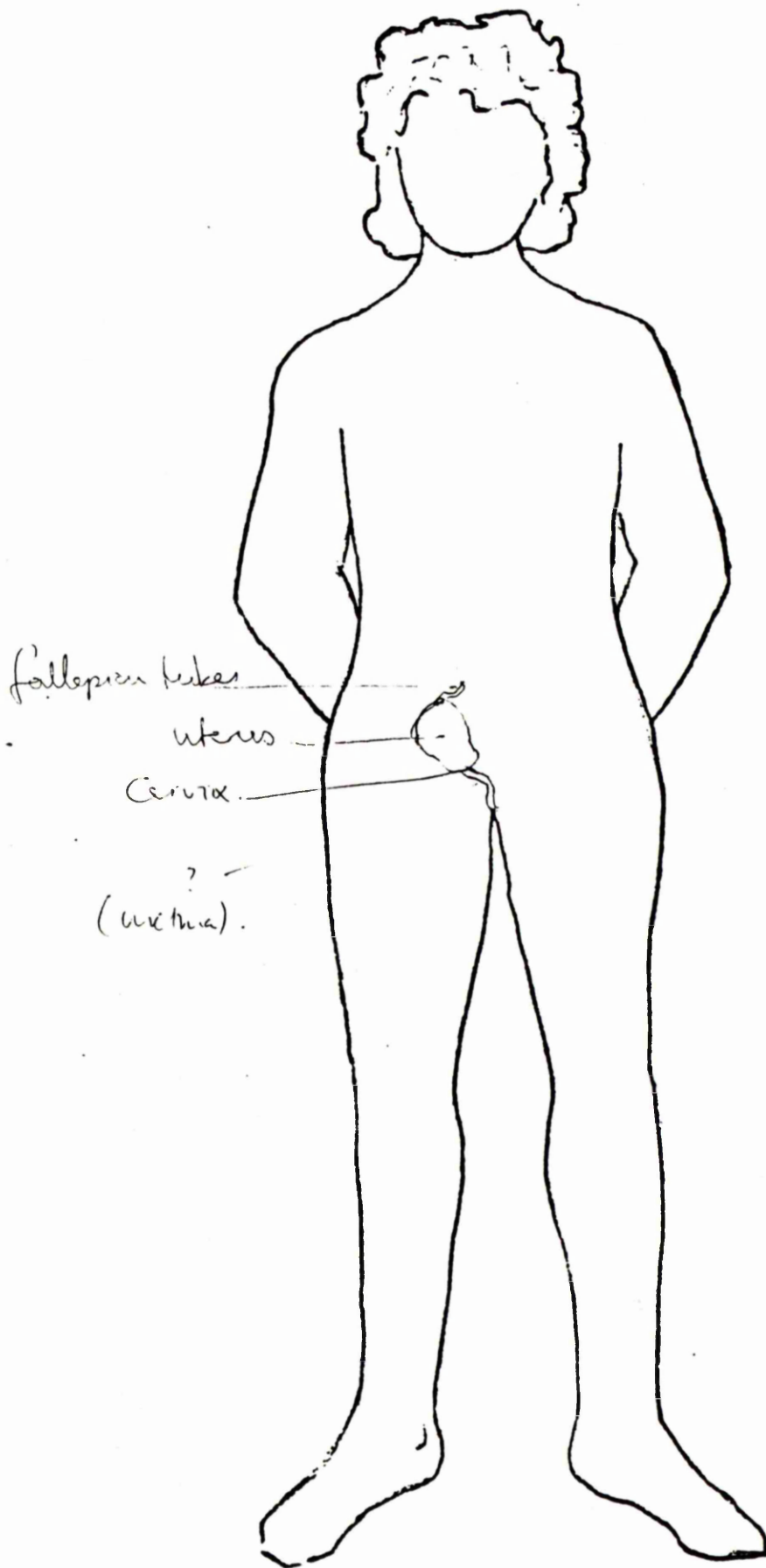
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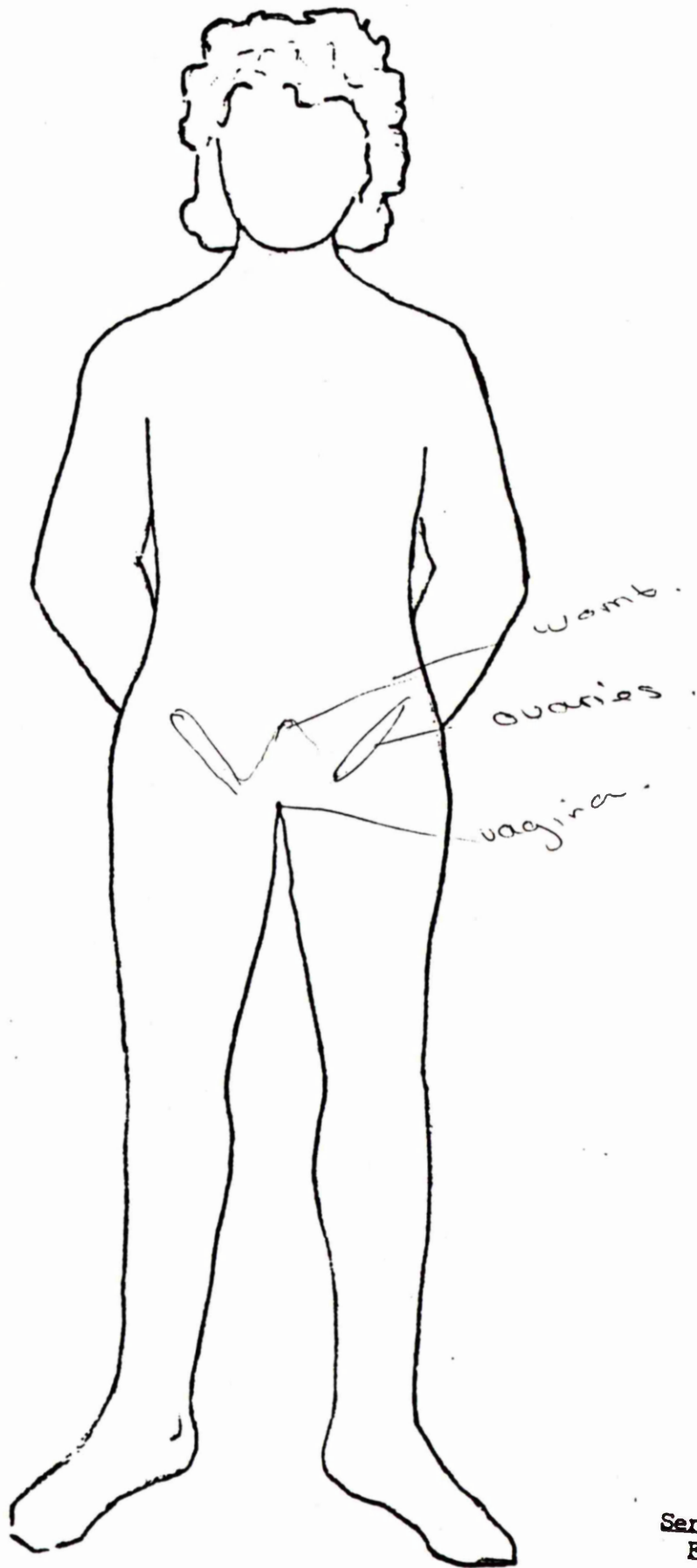
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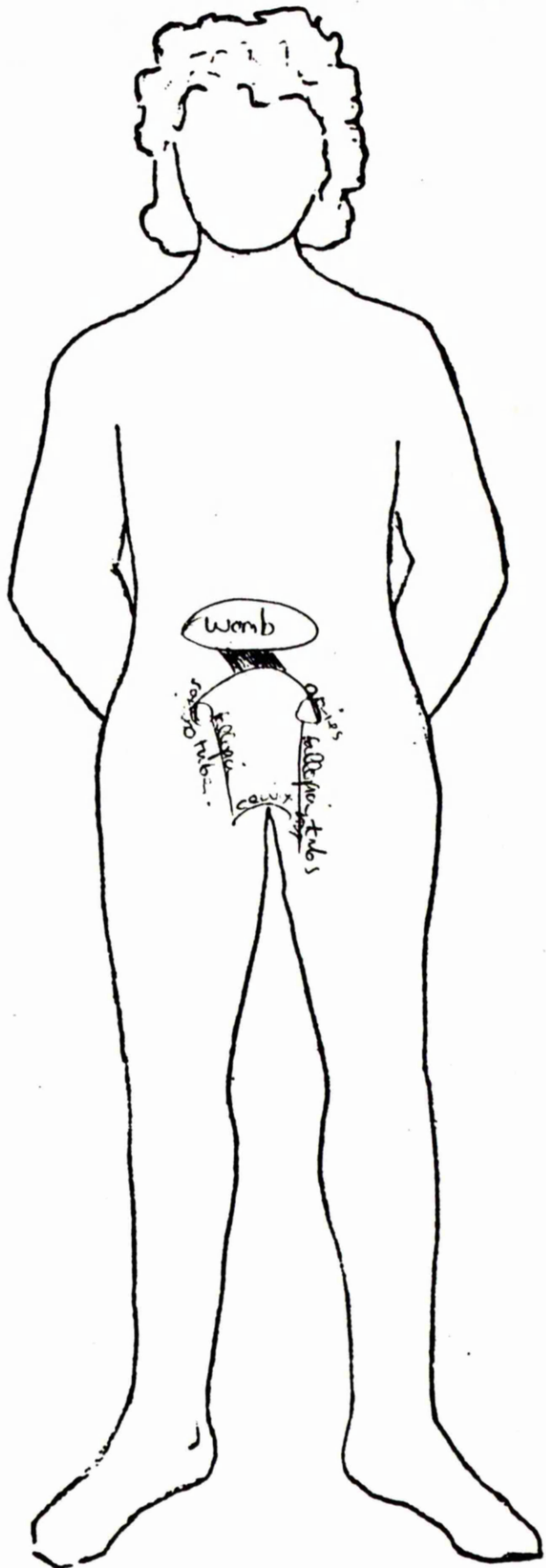
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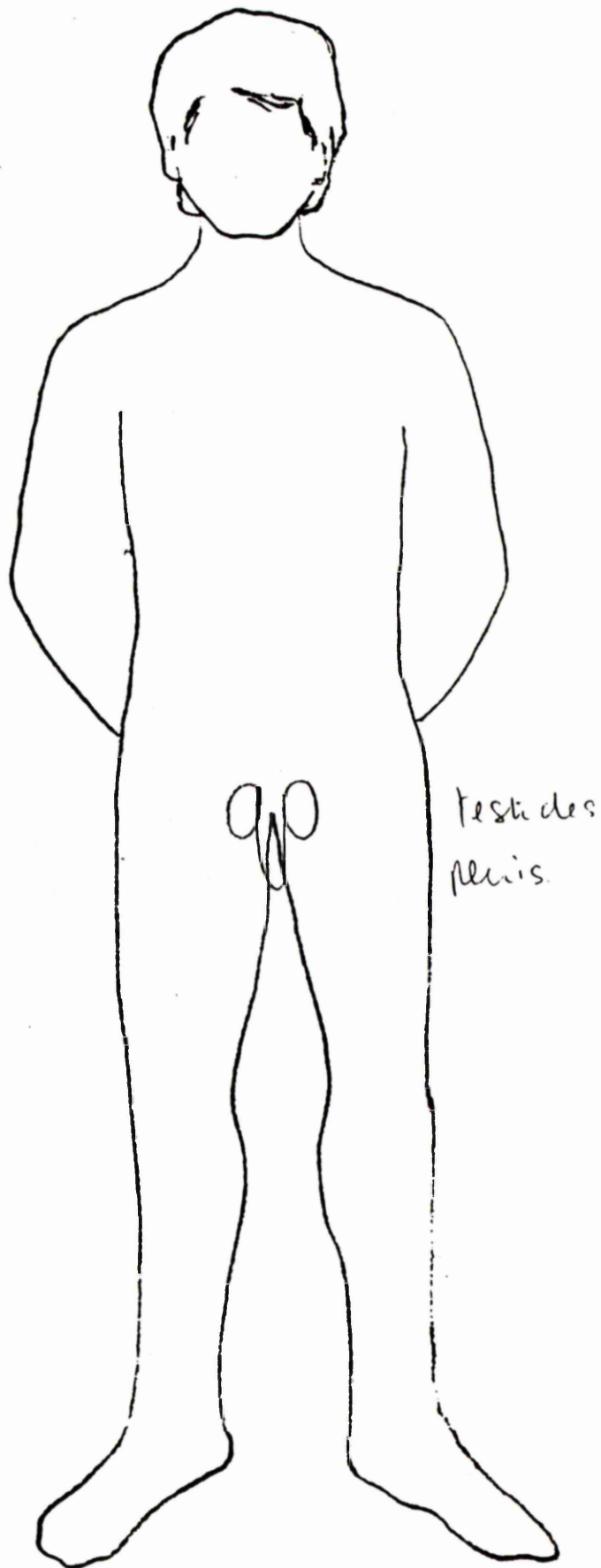
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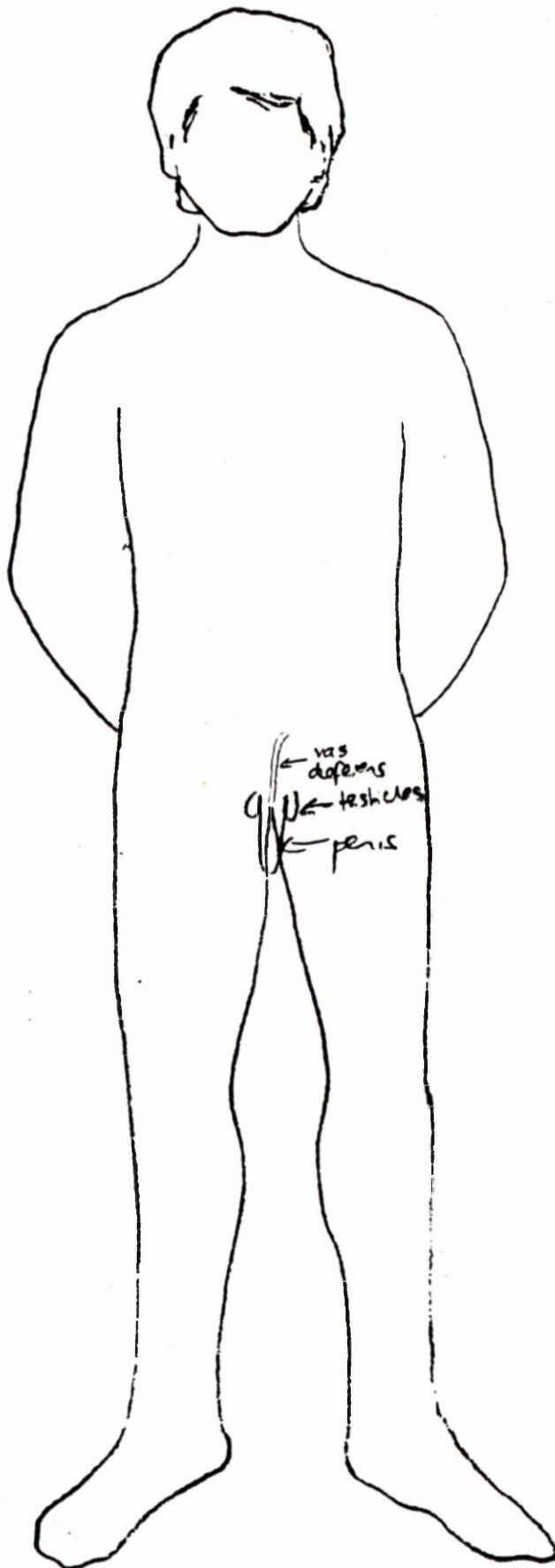
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Fig. 15



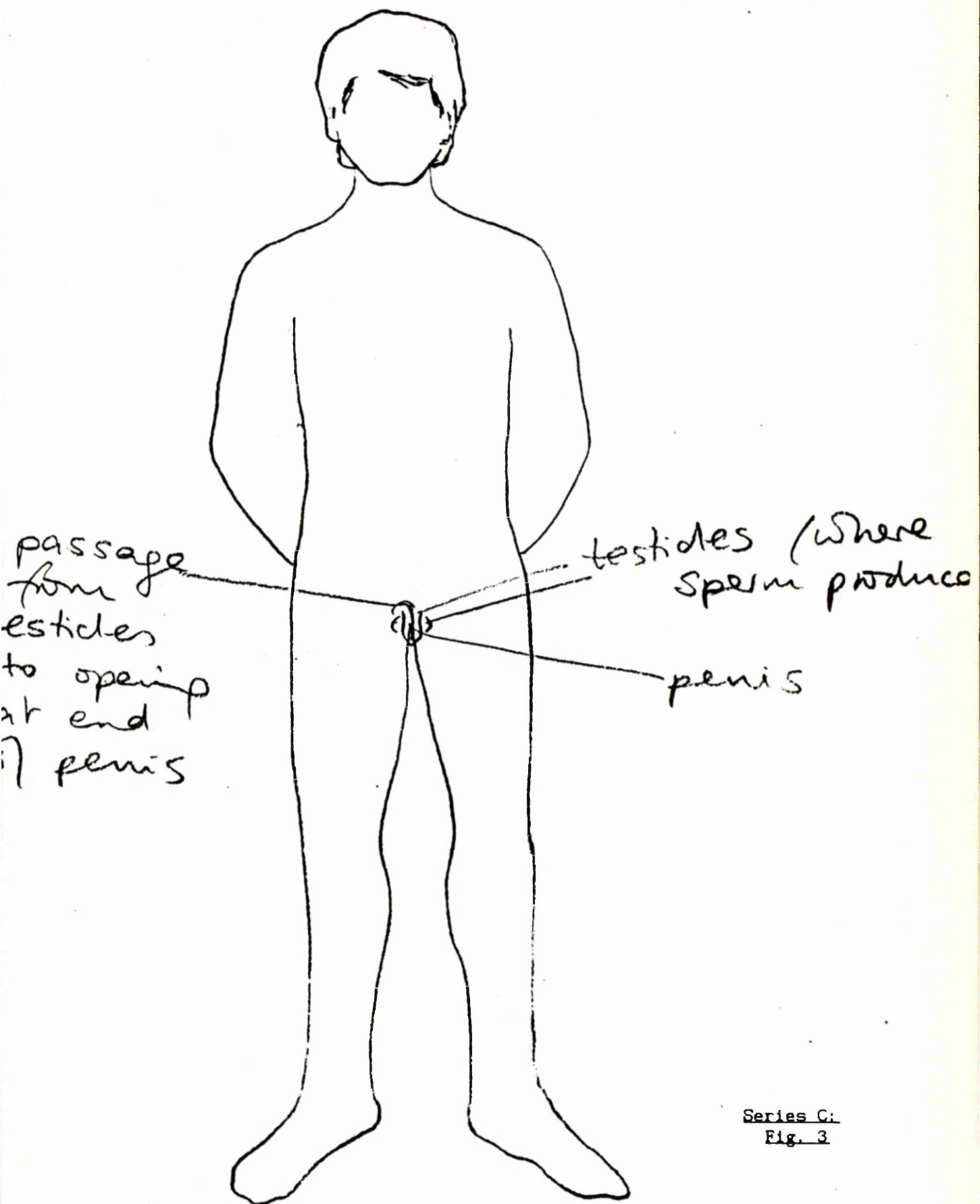
Series B:
Fig. Katy



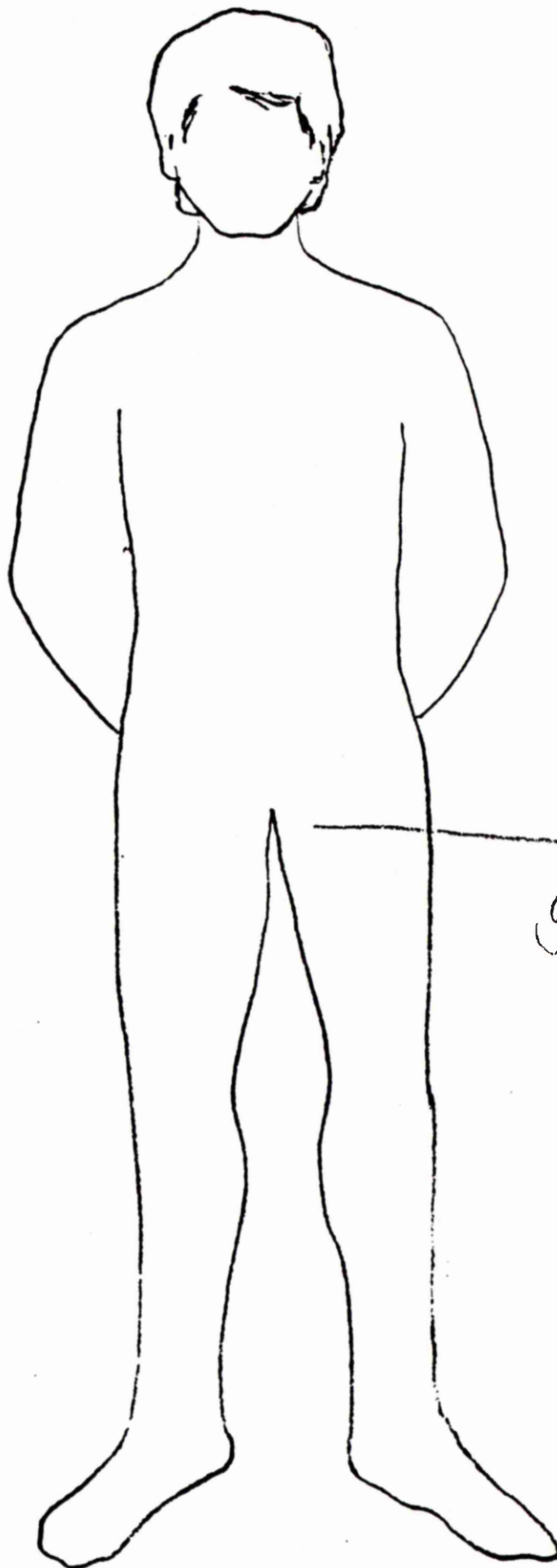
Series C:
Fig. 1



Series C:
Fig. 2

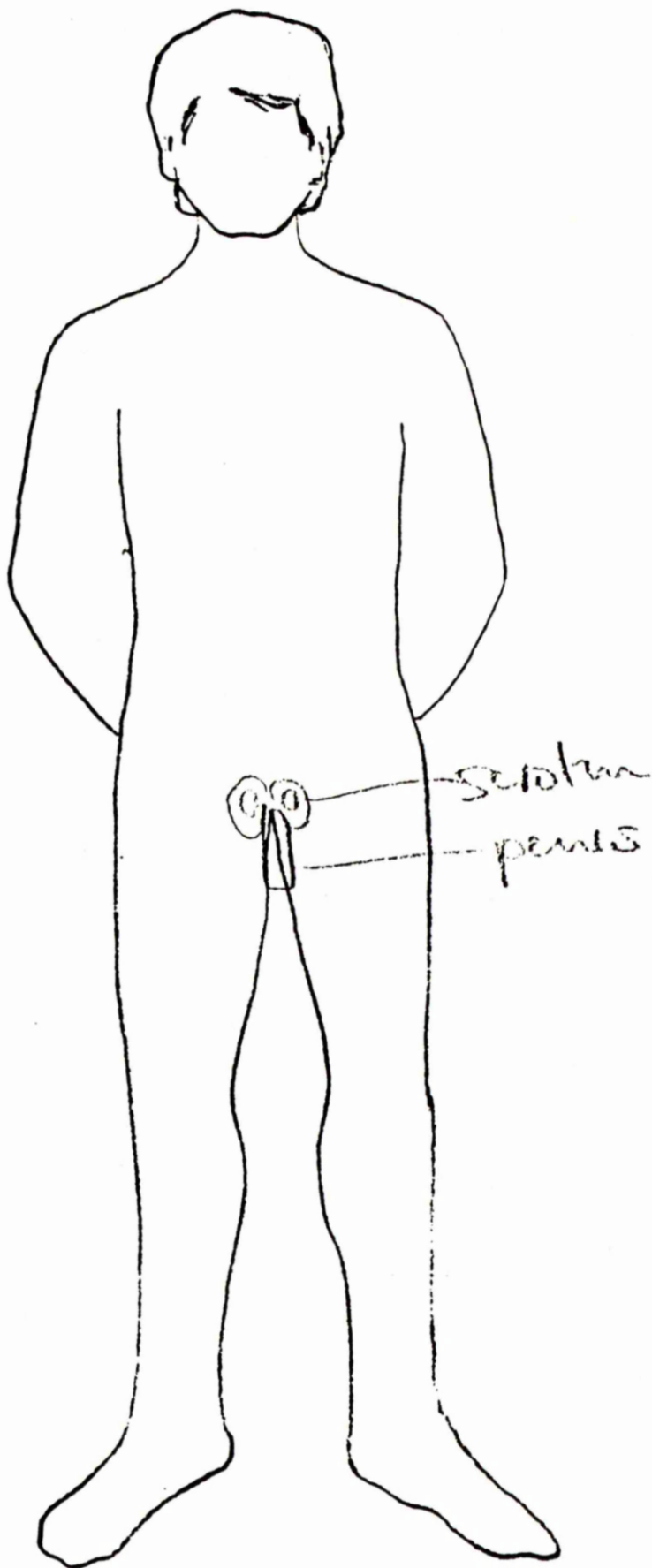


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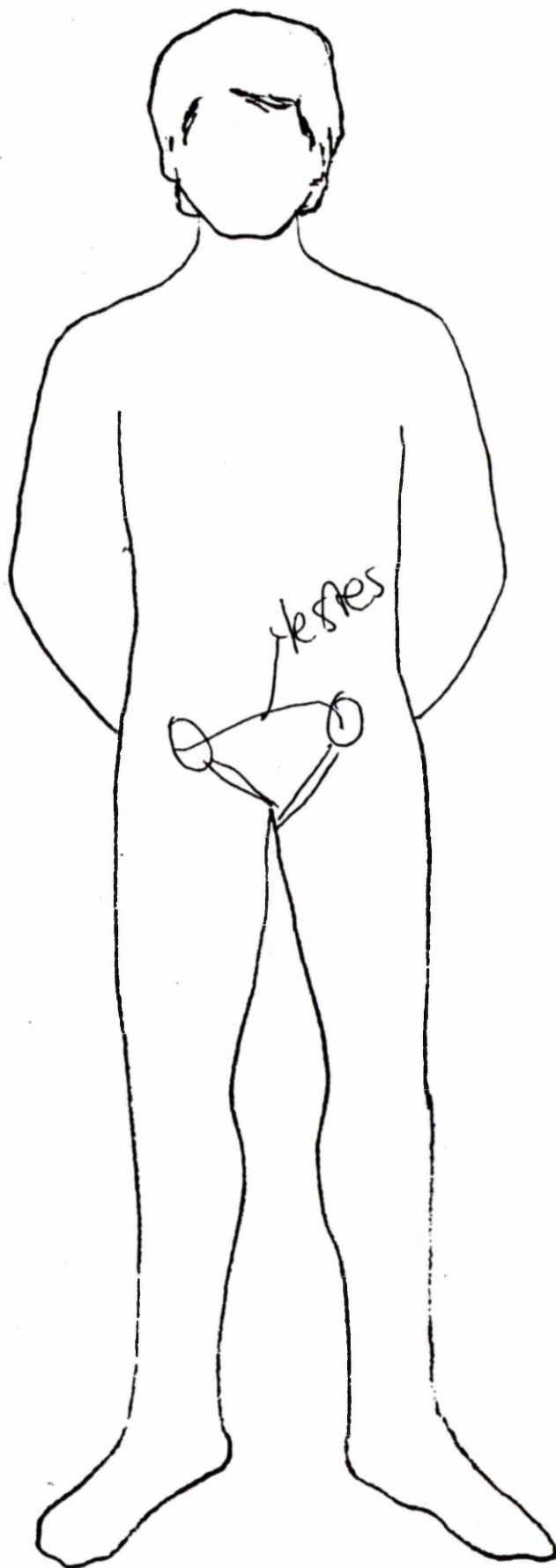


penis
Soc utum

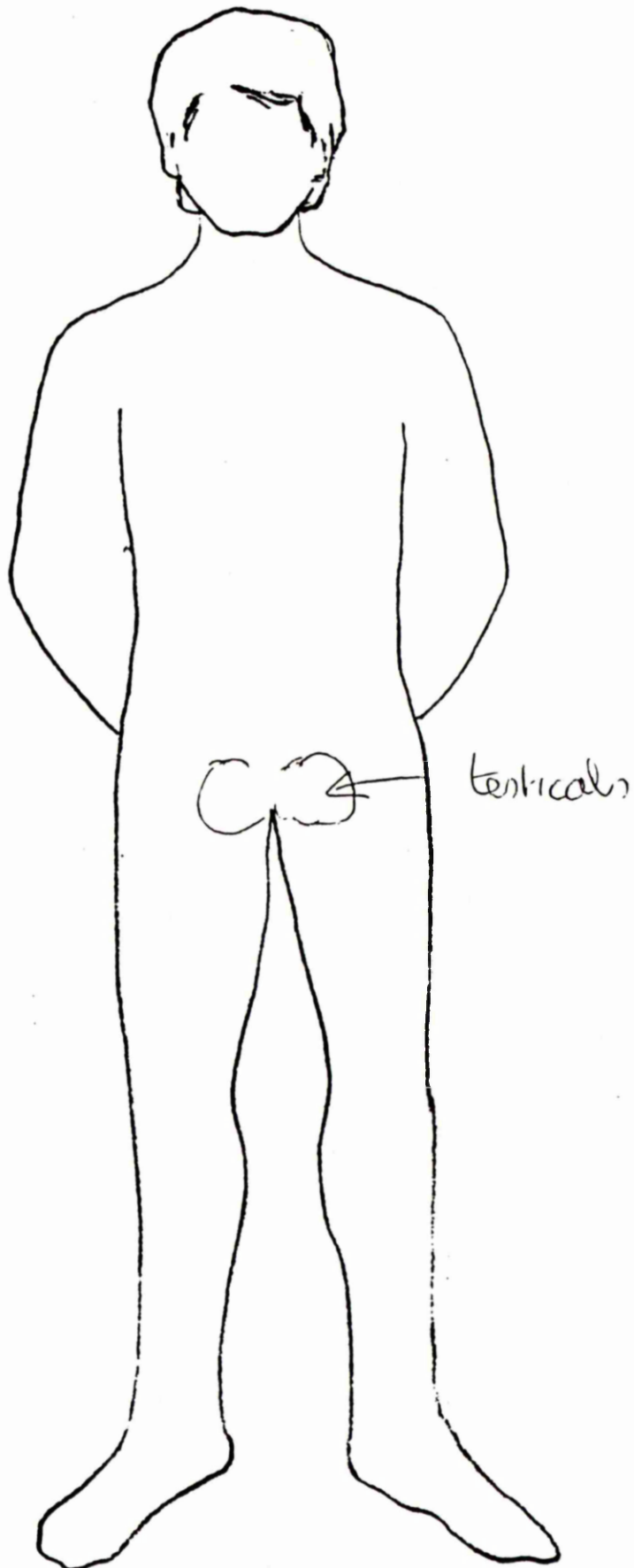
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Fig. 4



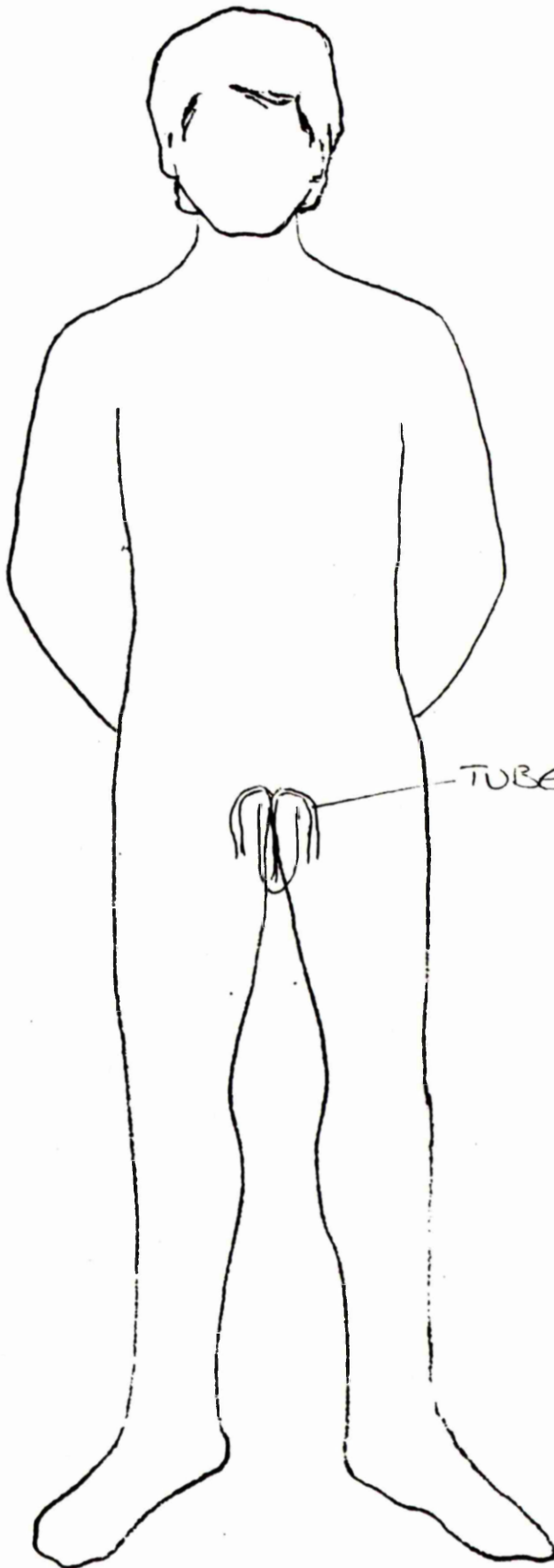
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Fig. 5



Series C:
Fig. 6



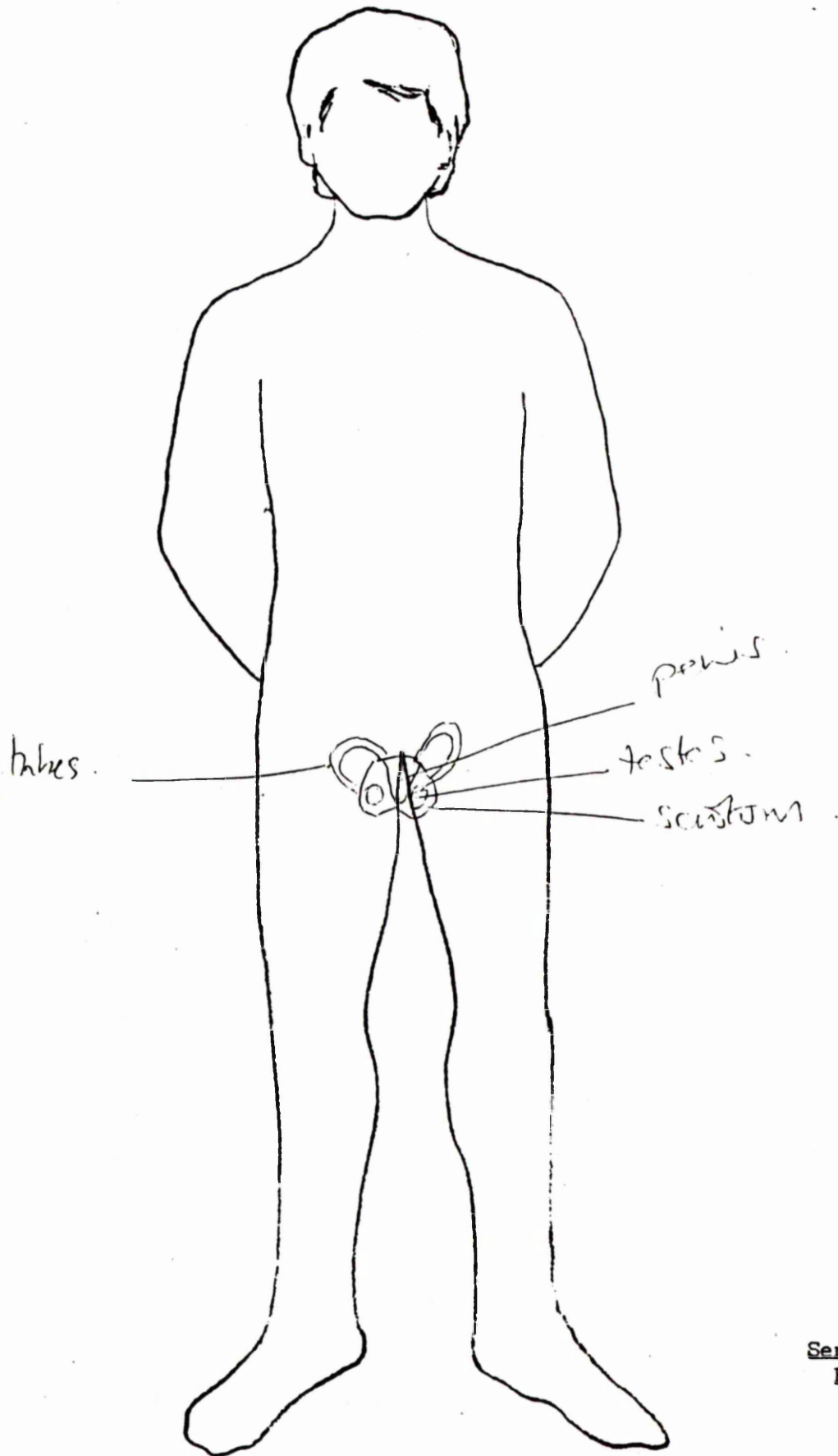
Series C:
Fig. 7



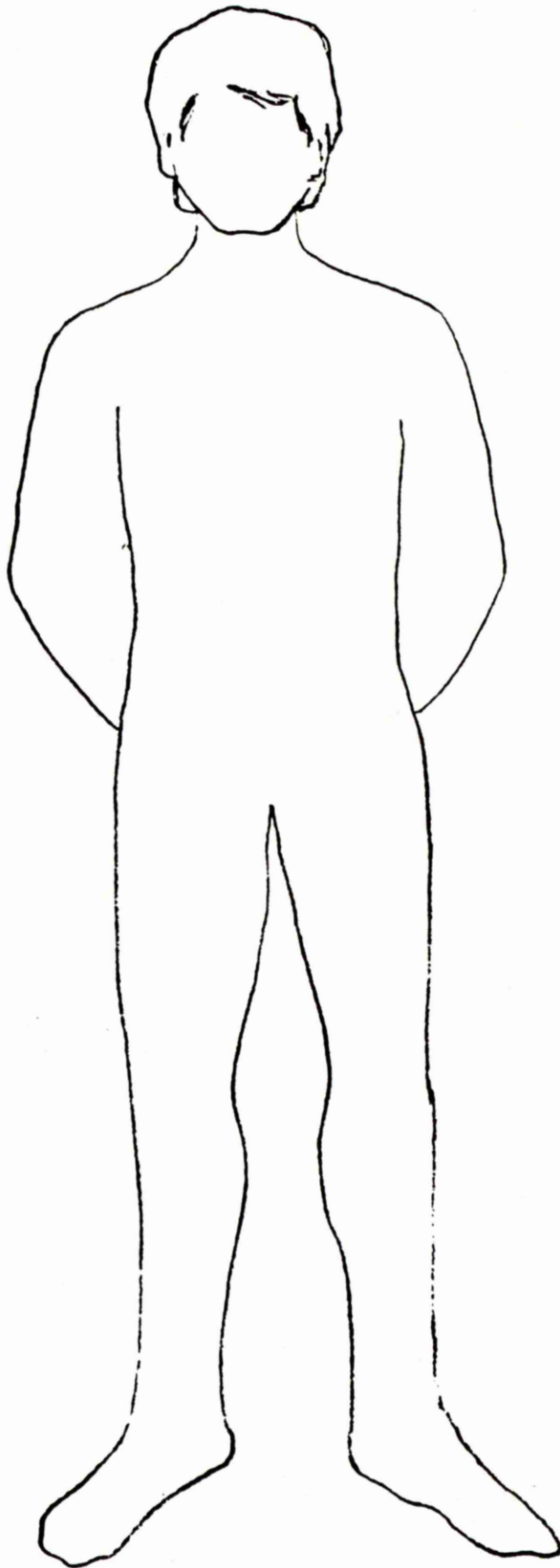
(mentioned but did
not draw 'prostate')

TUBES

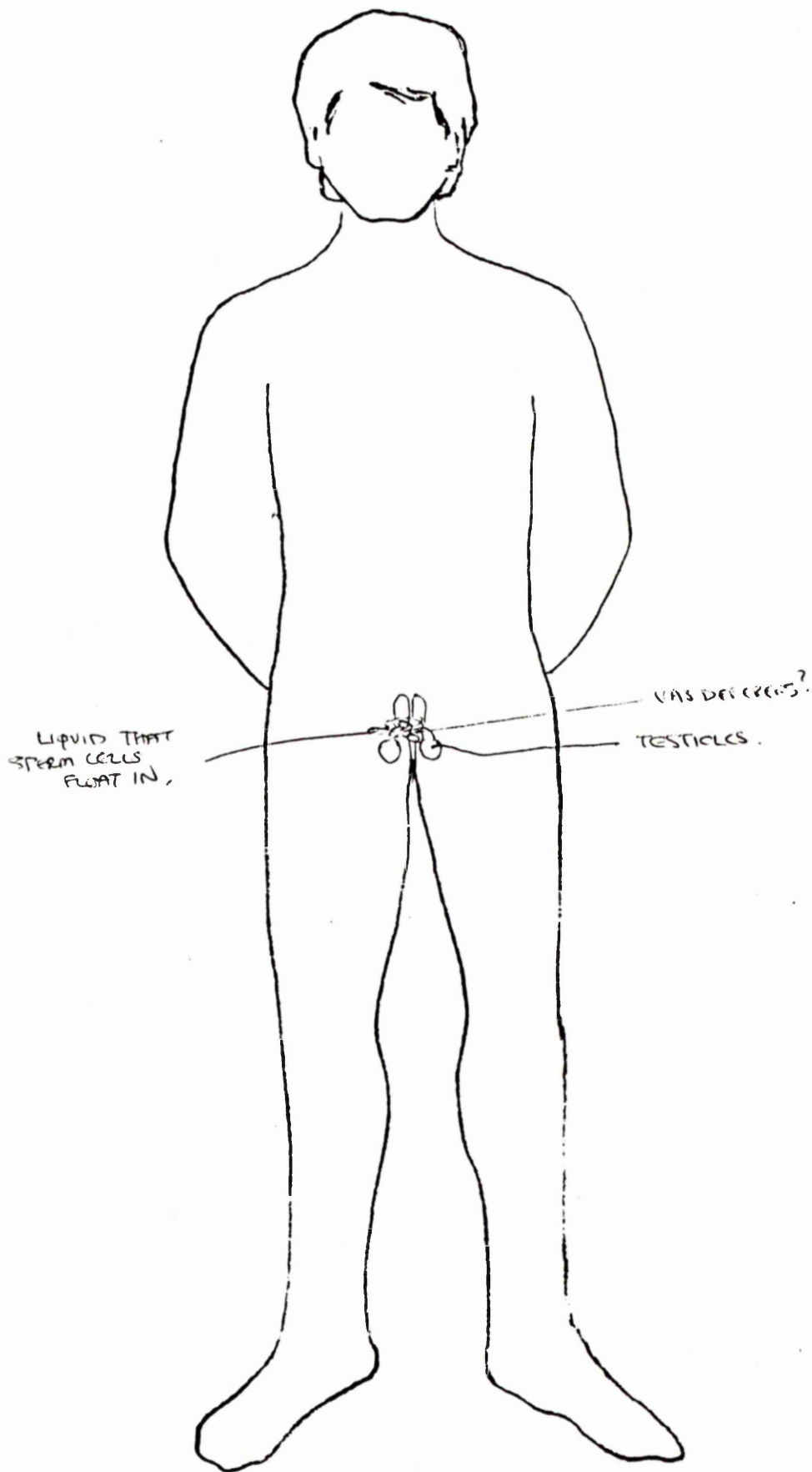
Series C:
Fig. 8



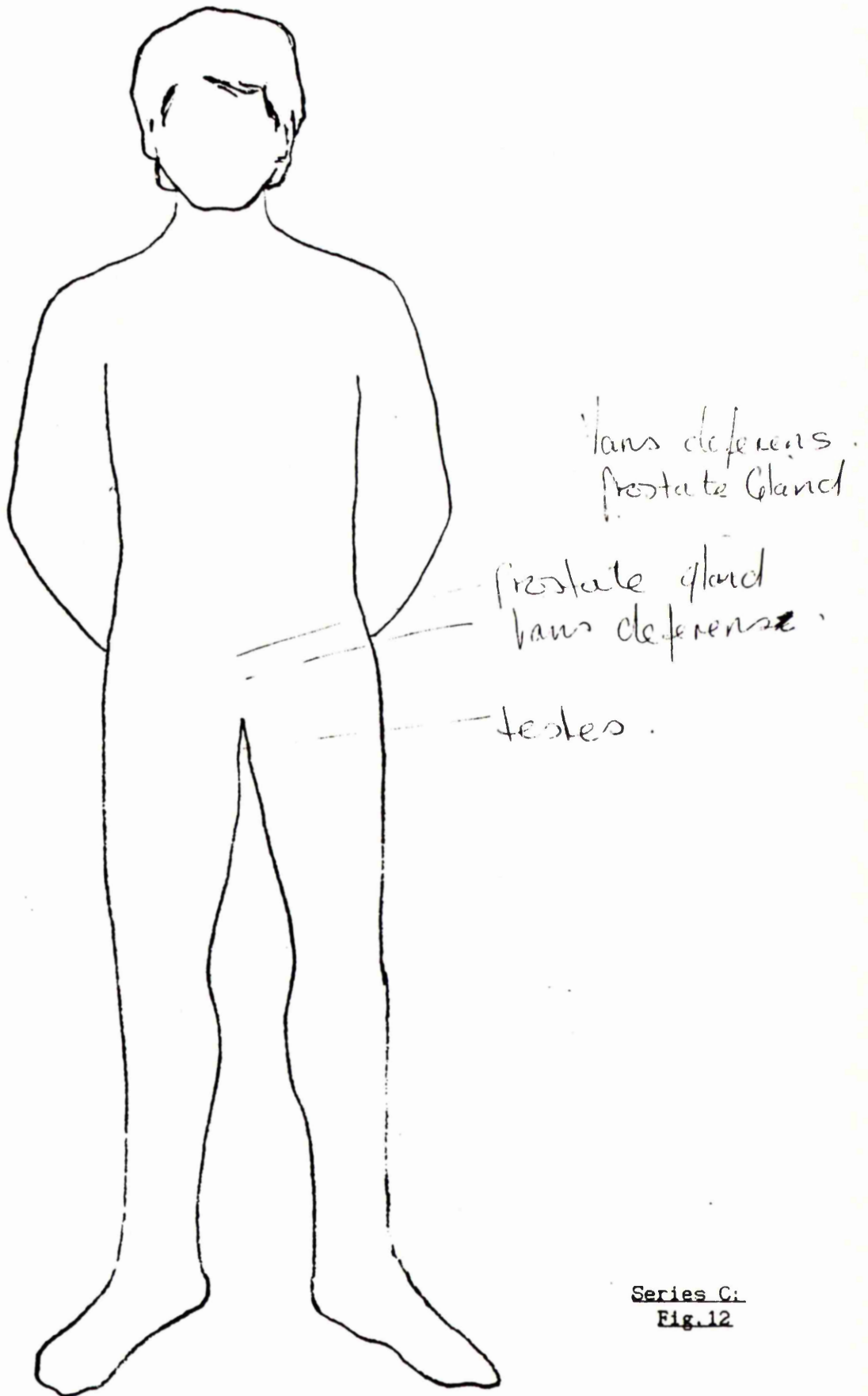
Series C:
Fig. 9



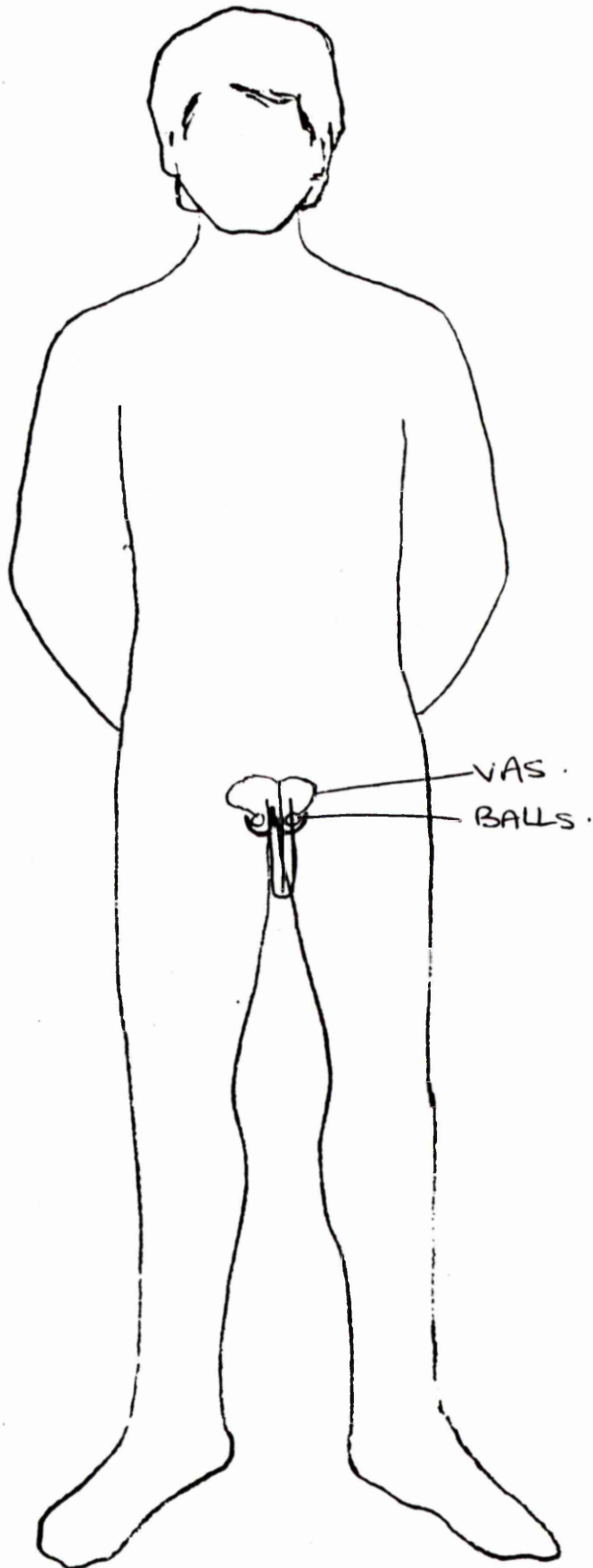
Series C:
Fig. 10



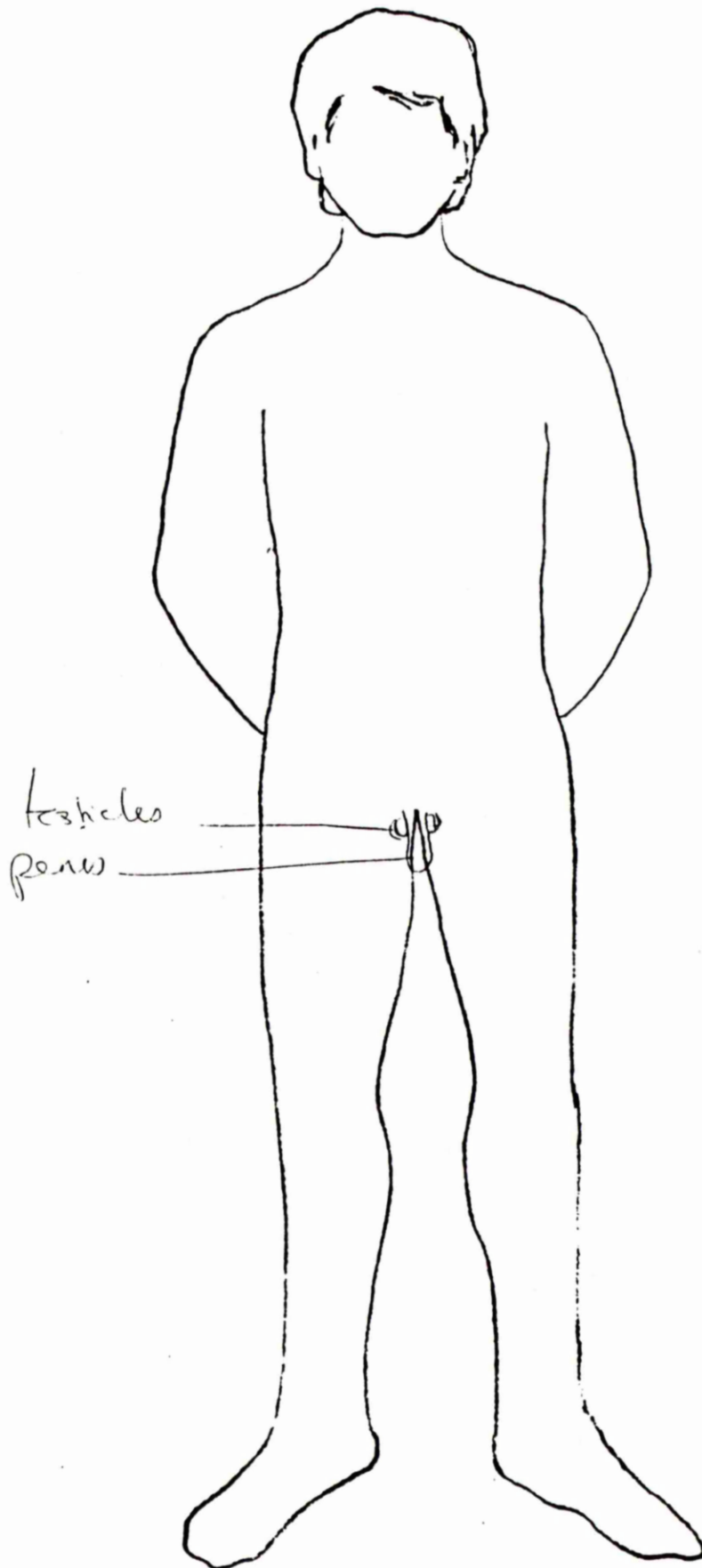
Series C:
Fig. 11



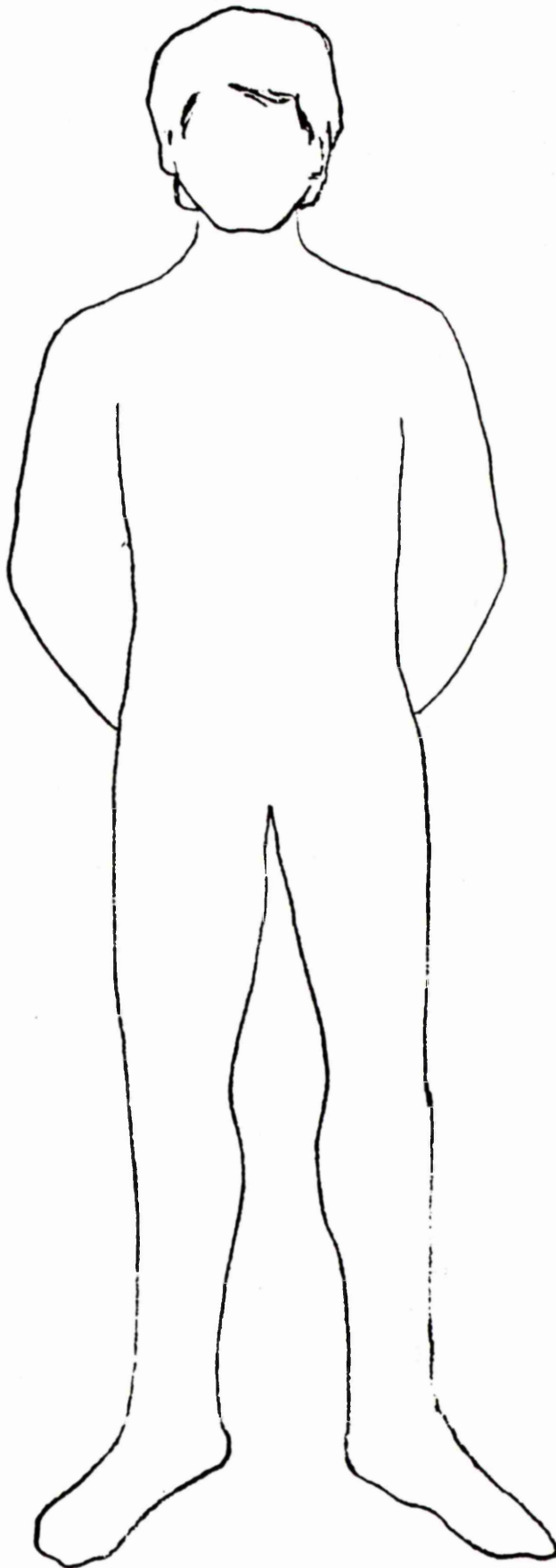
Series C:
Fig.12



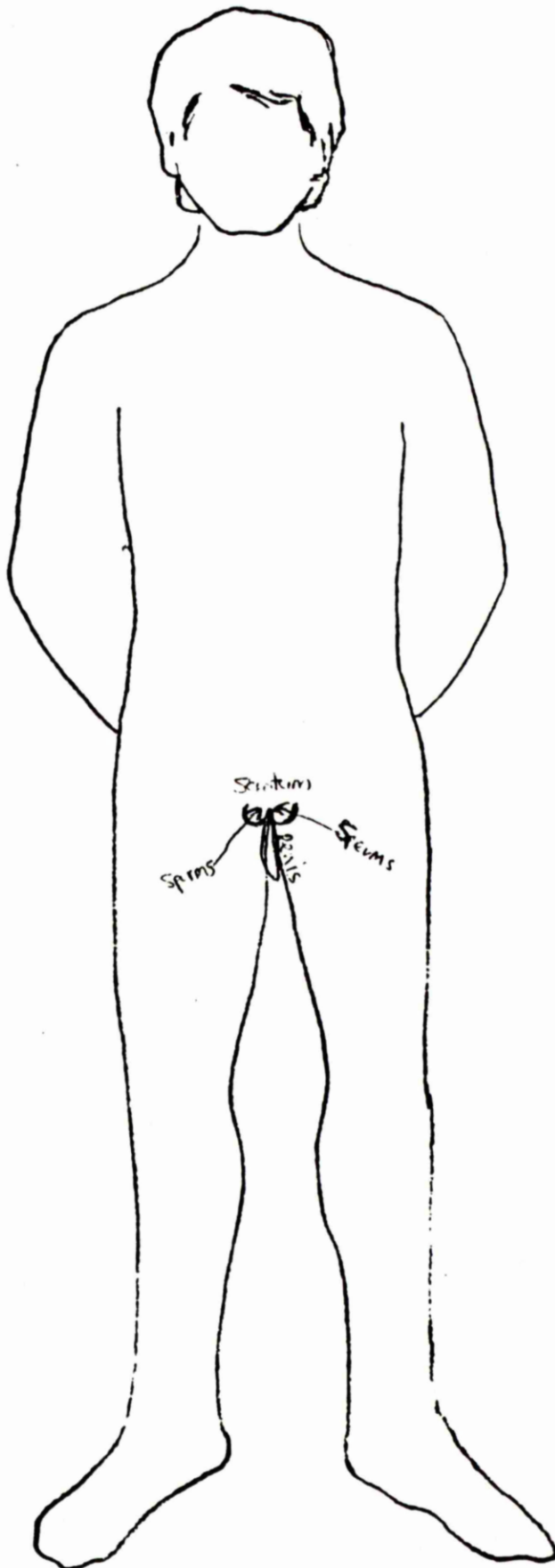
Series C:
Fig. 13



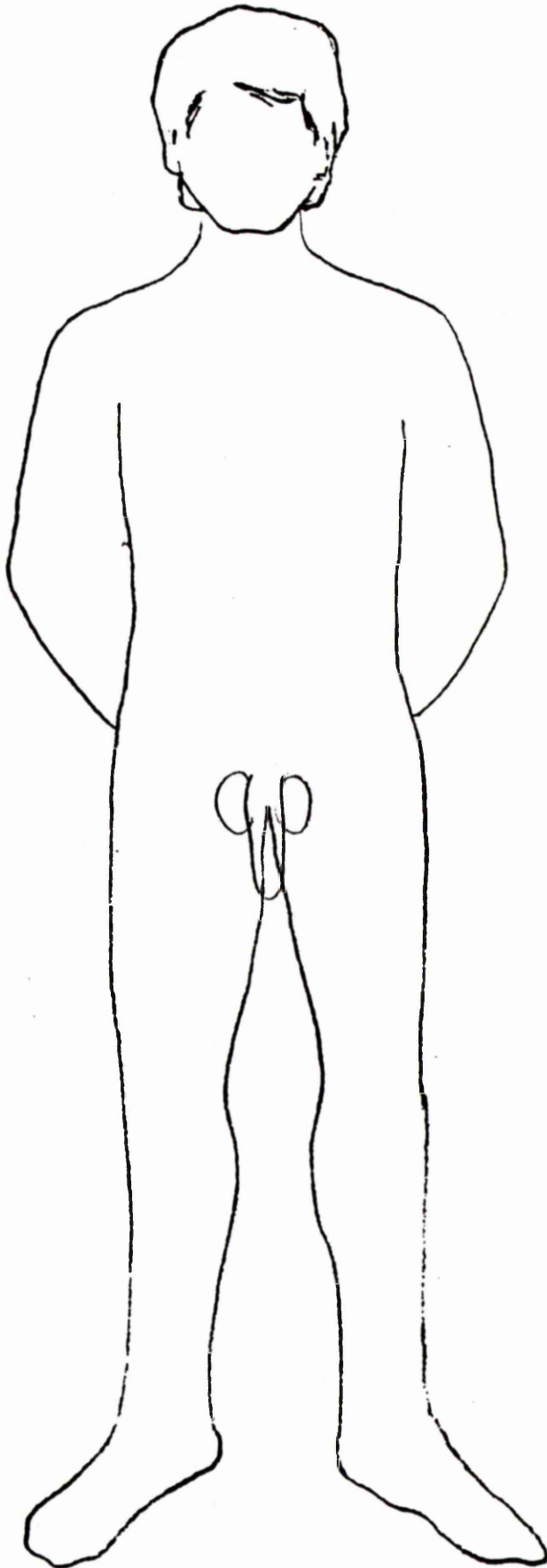
Series C:
Fig. 14



Series C:
Fig. 15

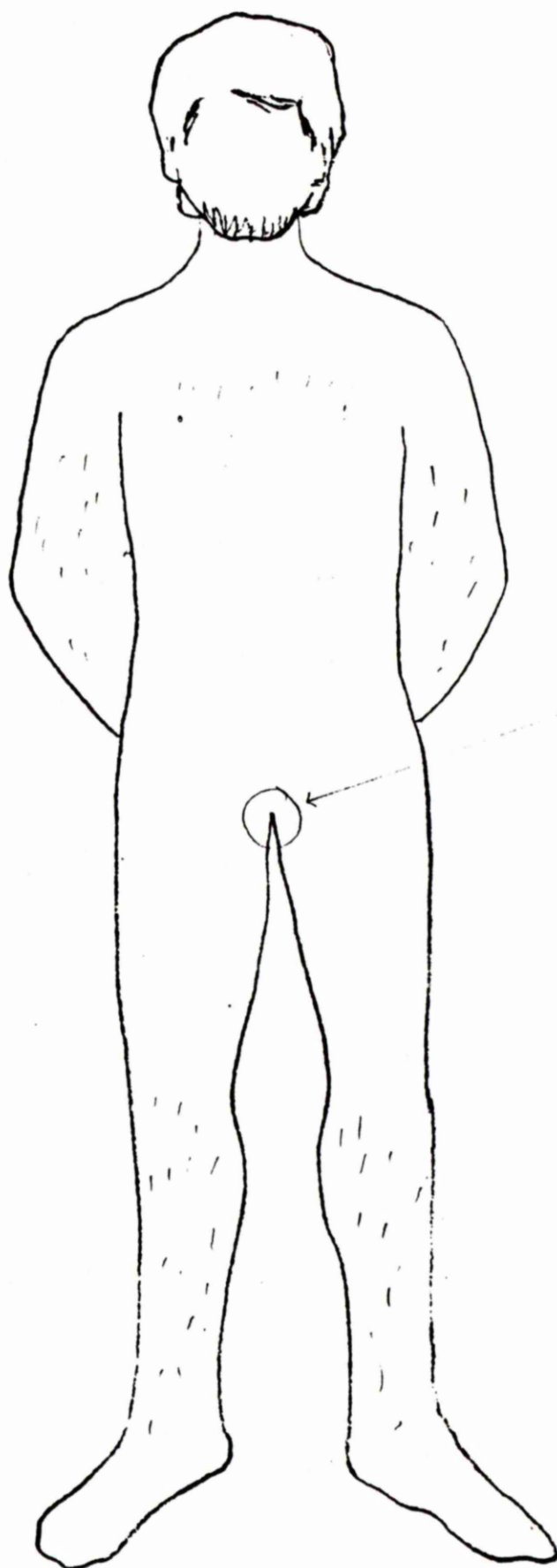


Series C:
Fig. Katy



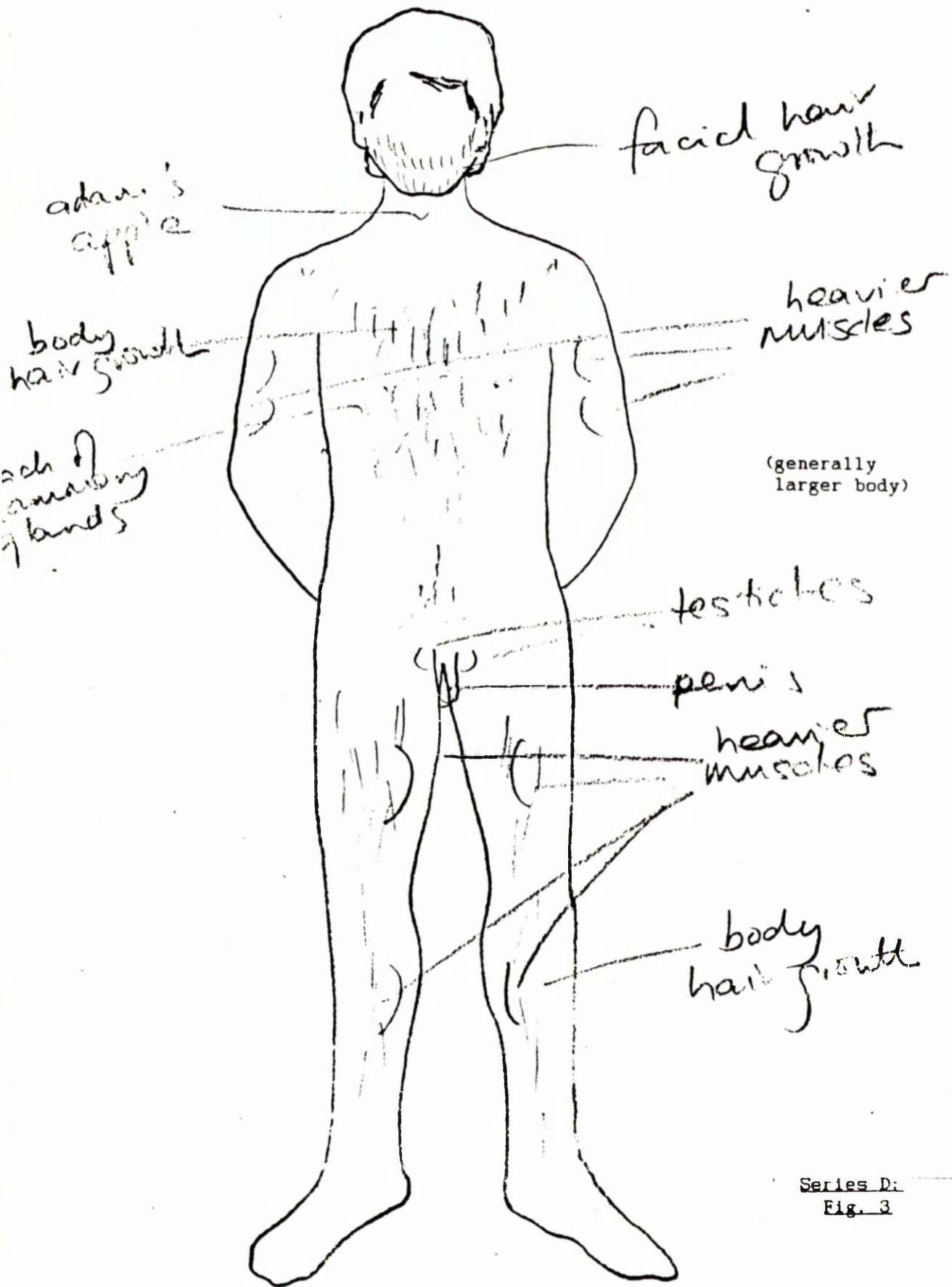
(generally
larger body)

Series D:
Fig. 1

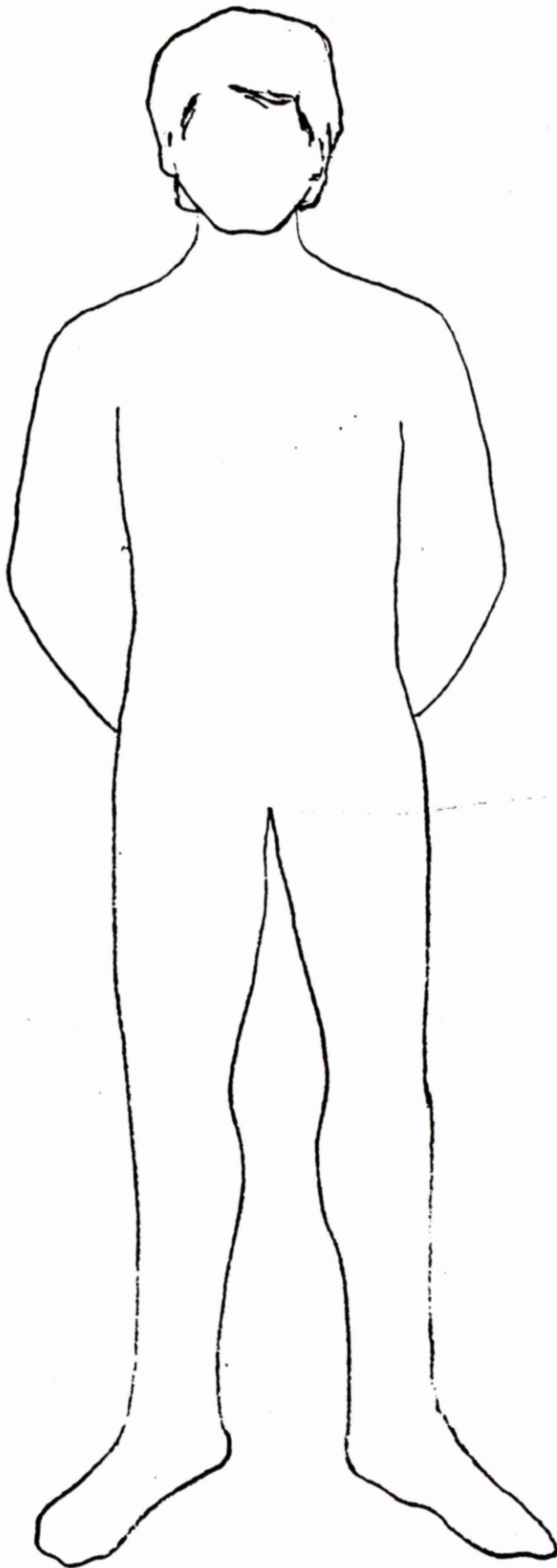


(as in Fig. 2,
Series D)

Series D:
Fig. 2

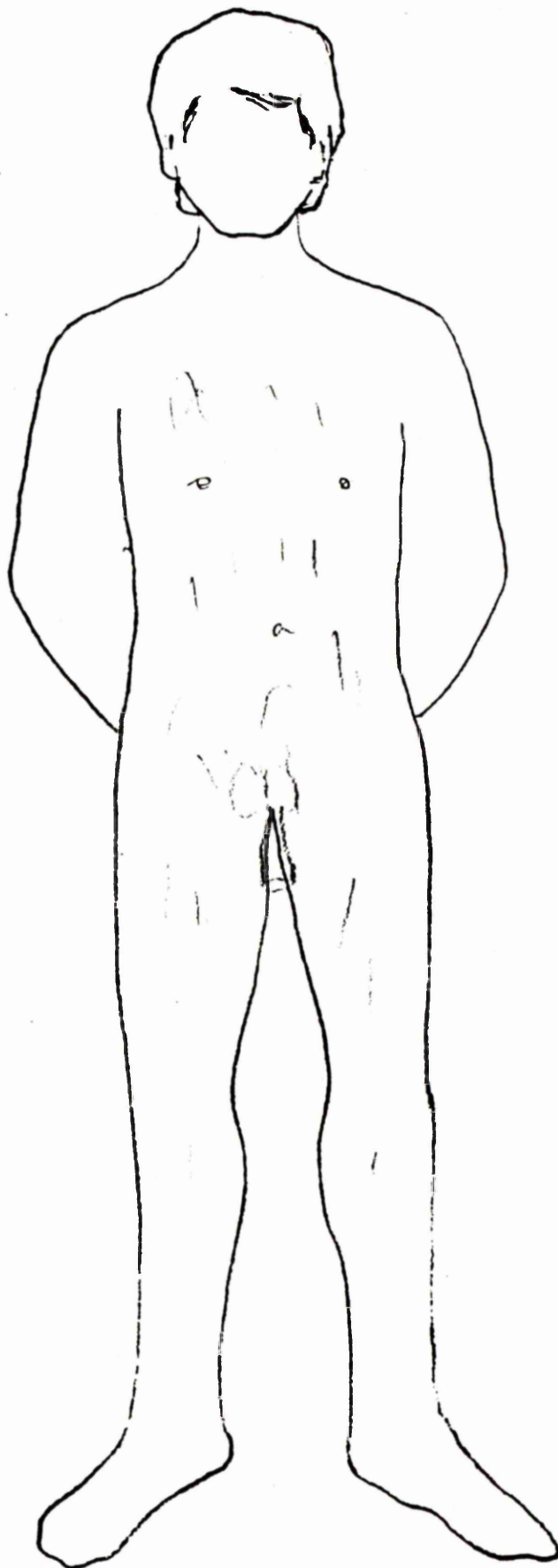


Series D:
Fig. 3

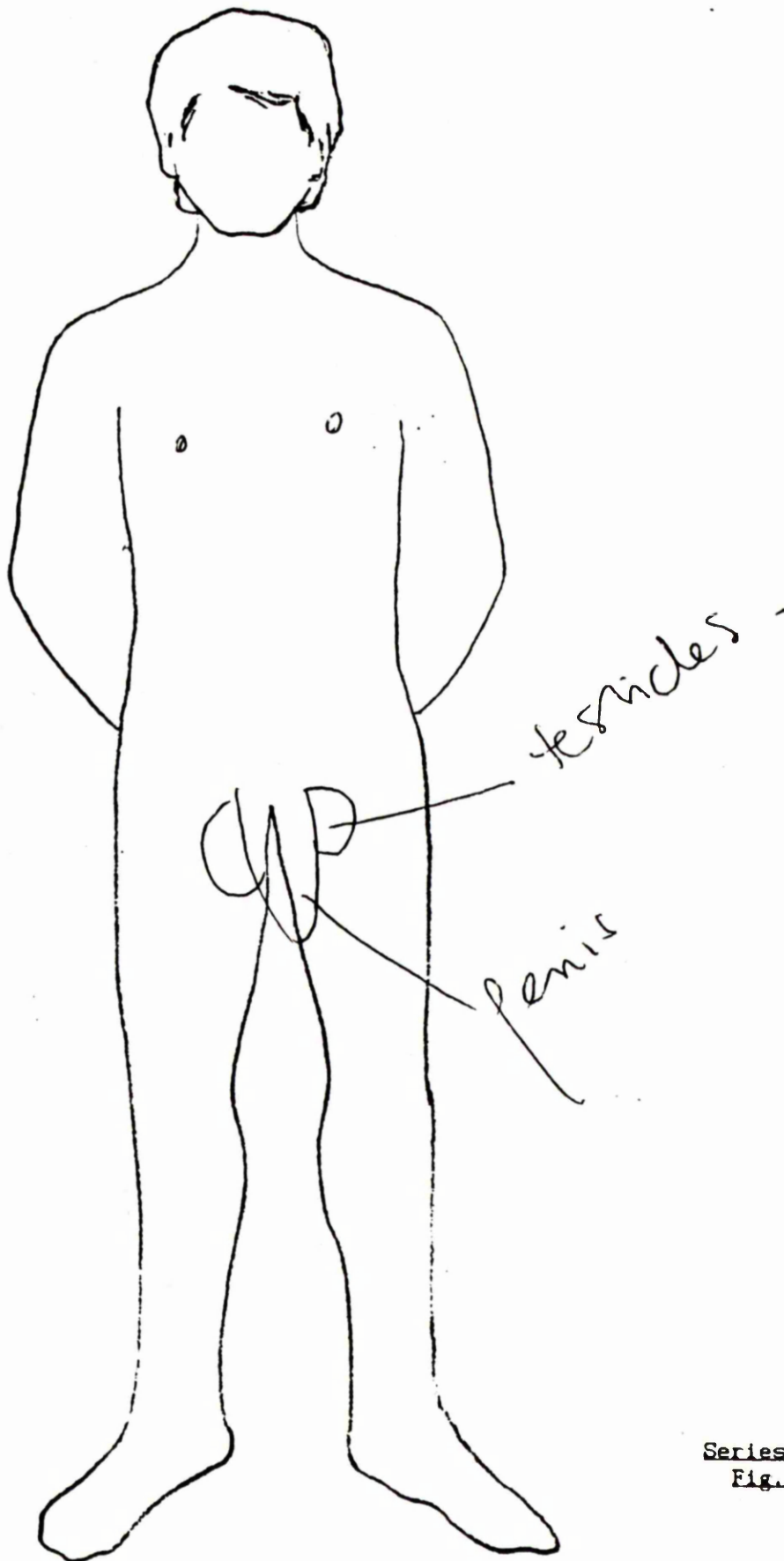


penis
Scrotum

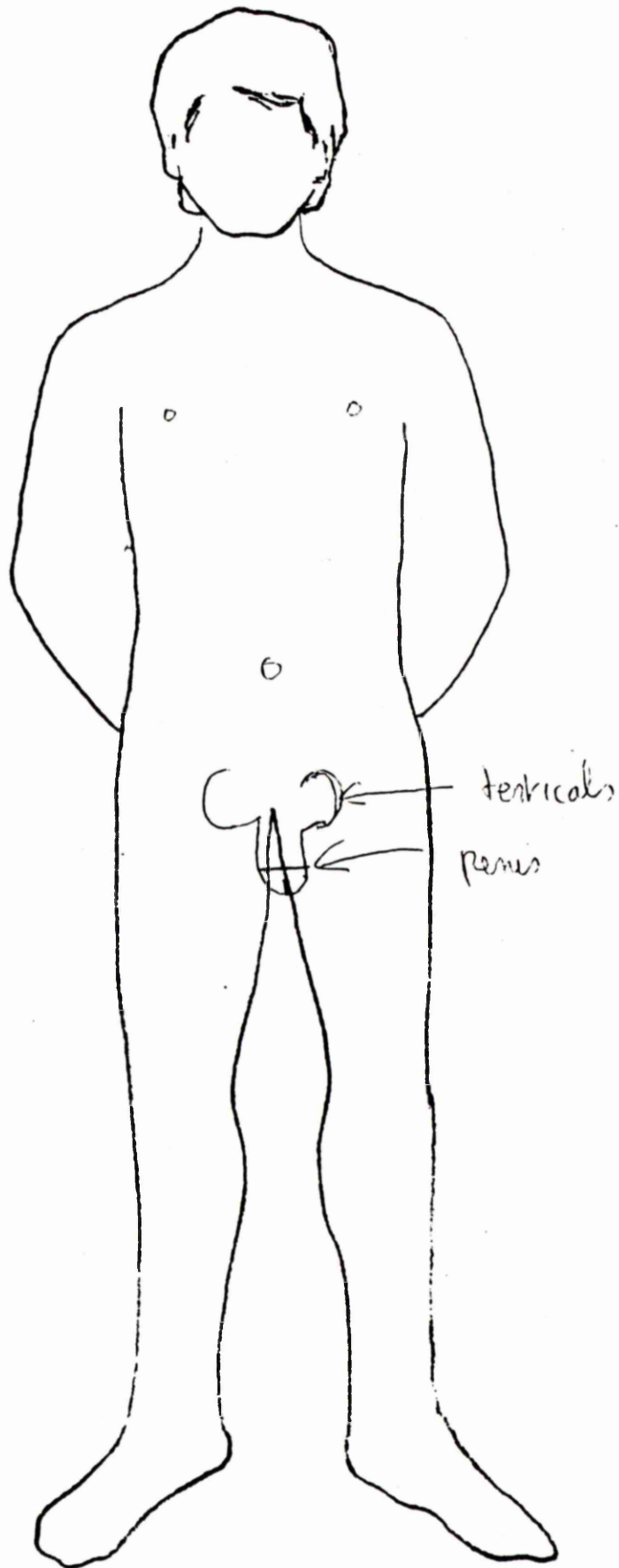
Series D:
Fig. 4



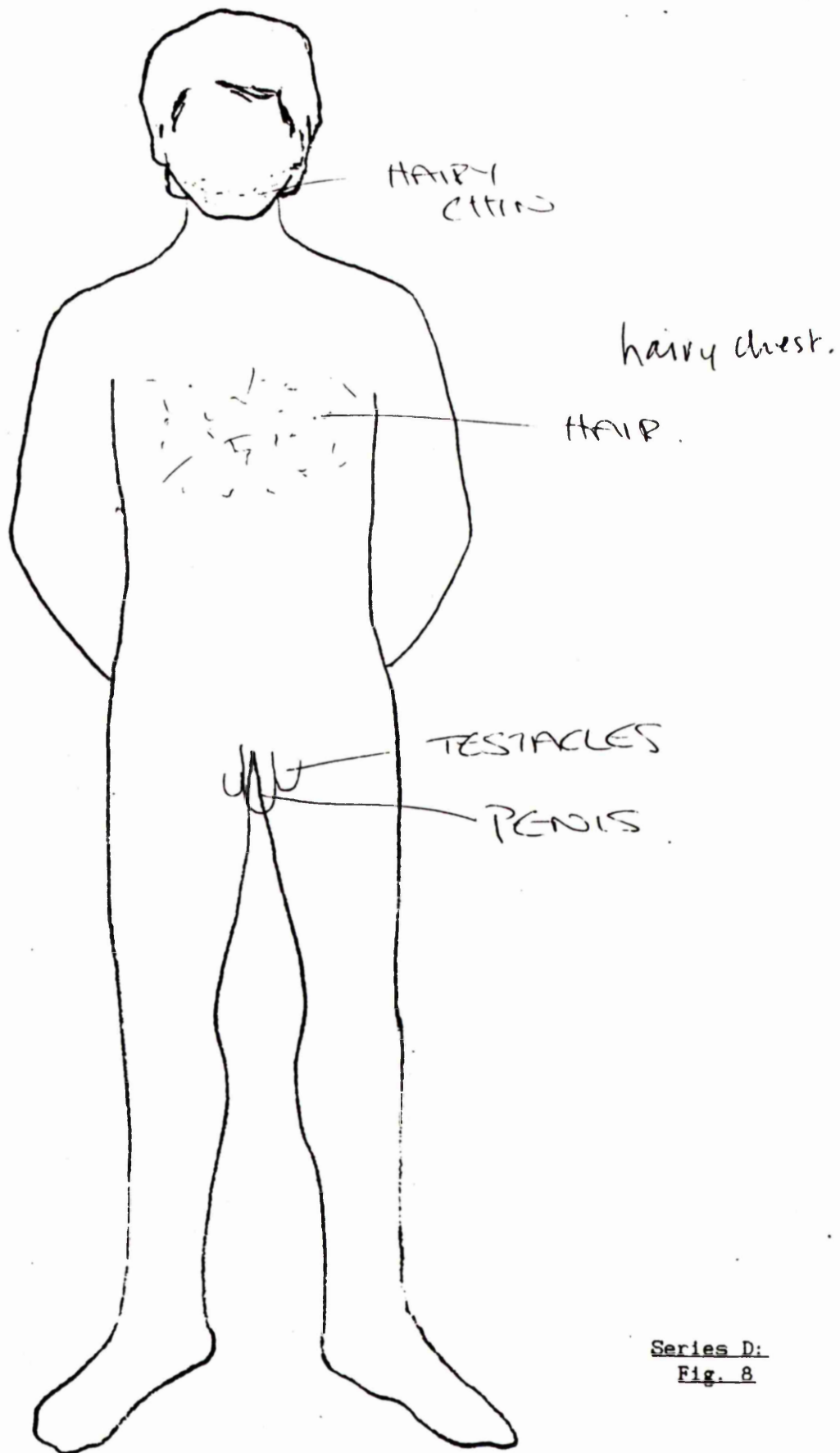
Series D:
Fig. 5



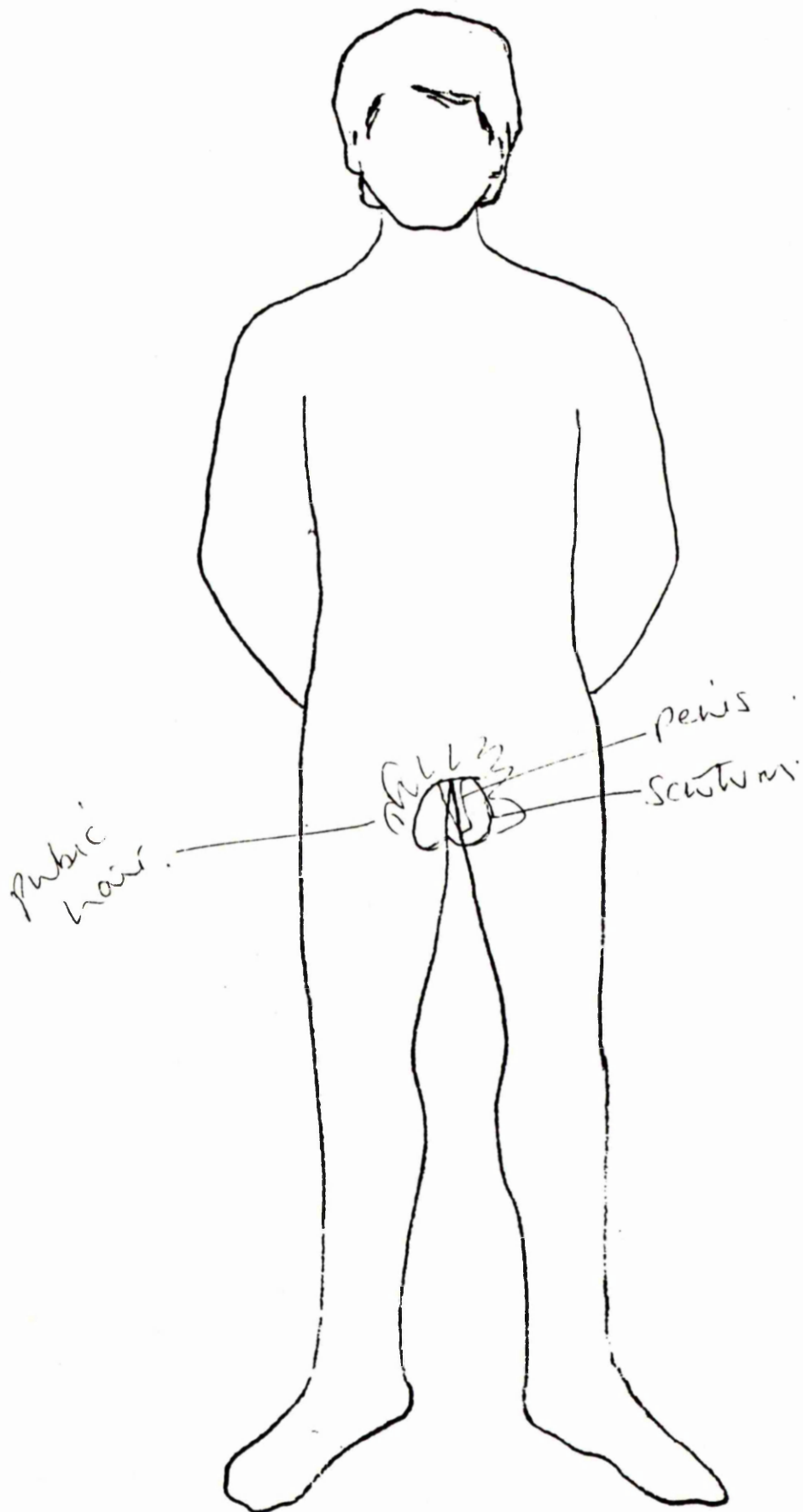
Series D:
Fig. 6



Series D:
Fig. 7



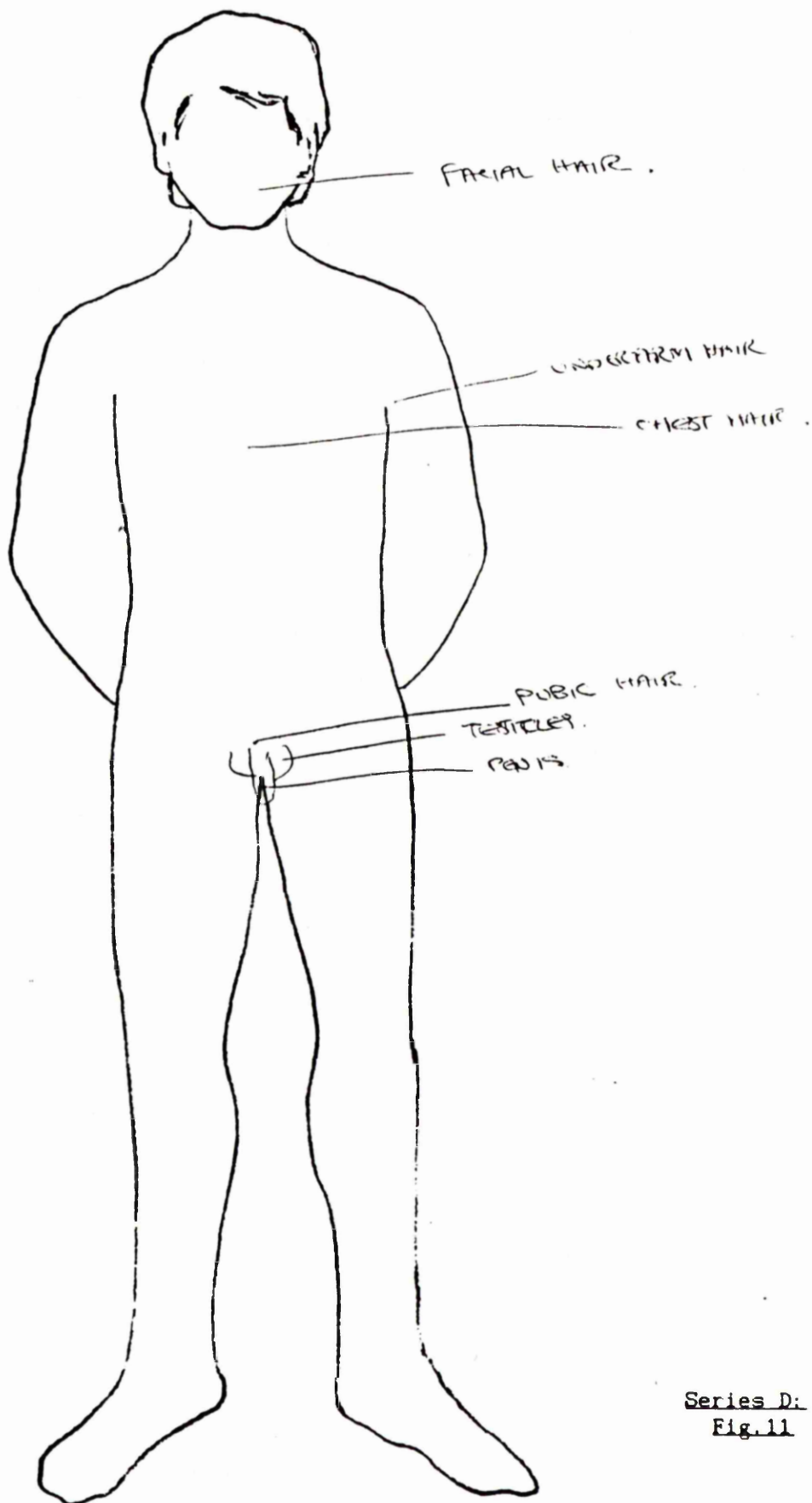
Series D:
Fig. 8



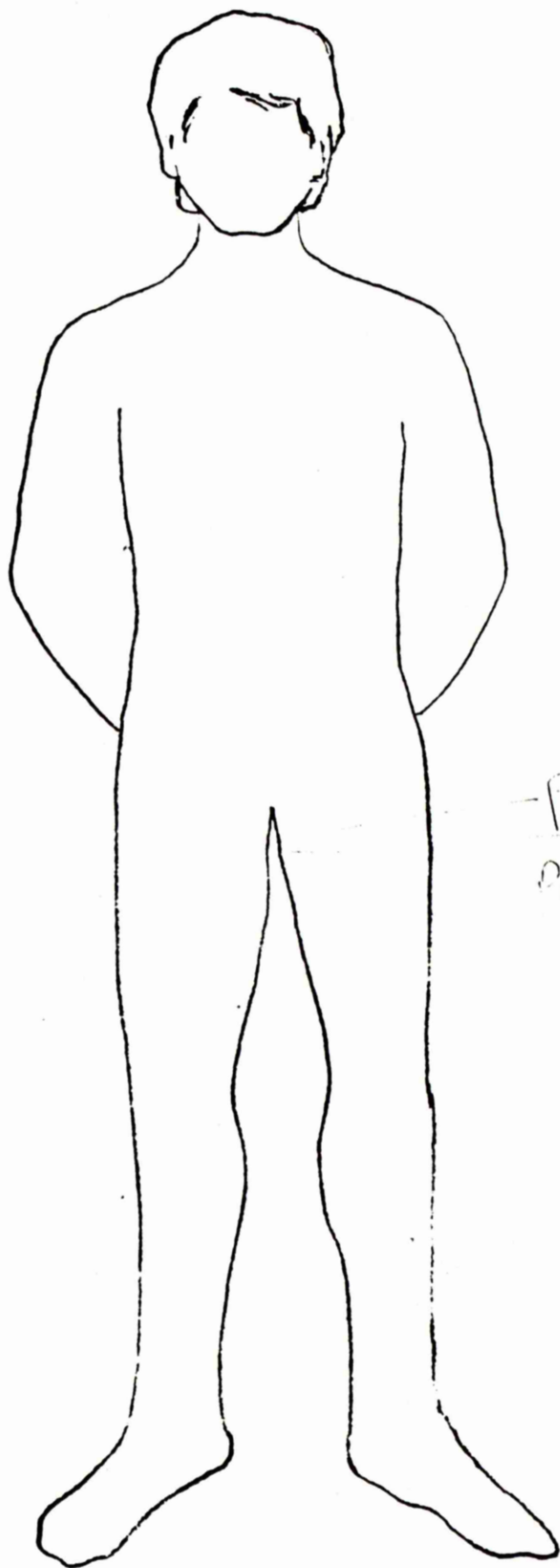
Series D:
Fig. 9



Series D:
Fig. 10

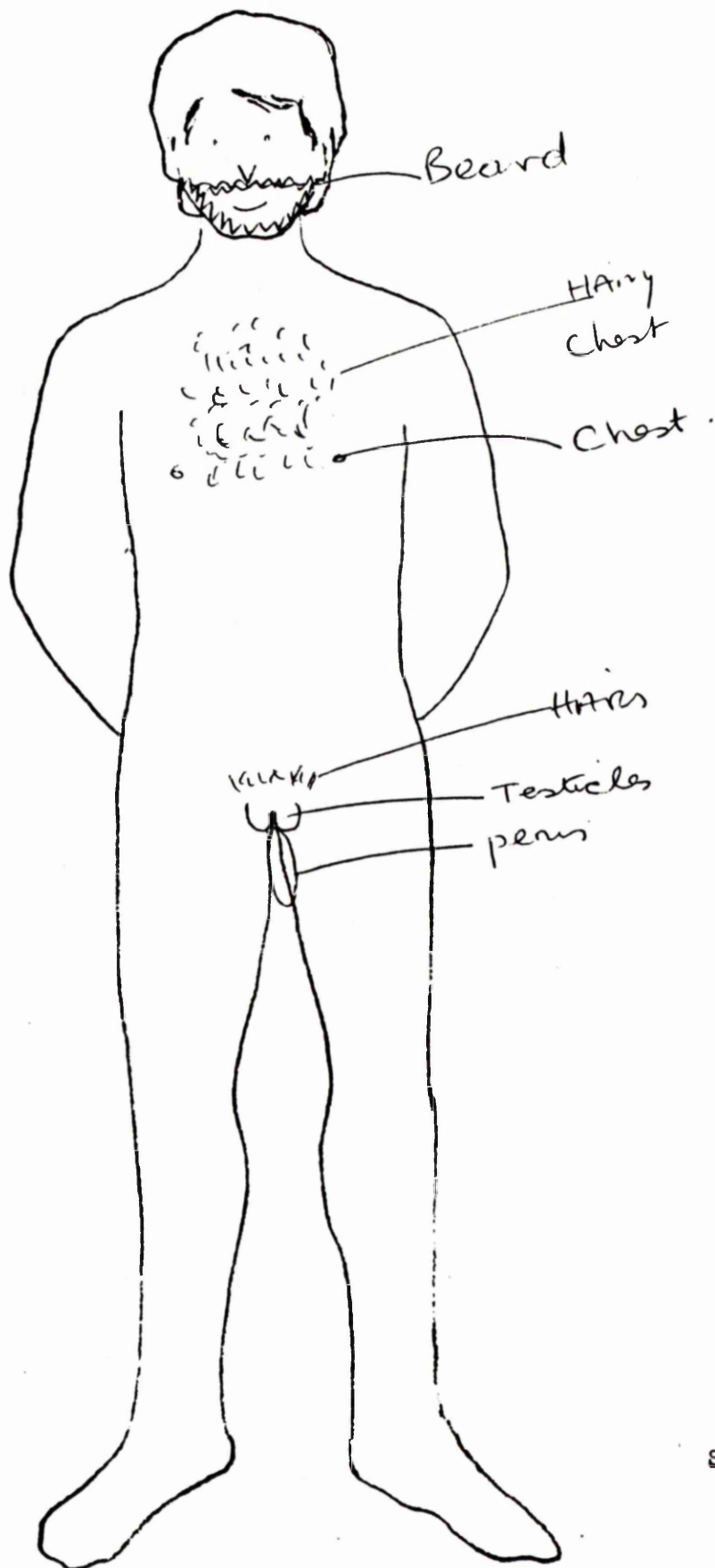


Series D:
Fig. 11

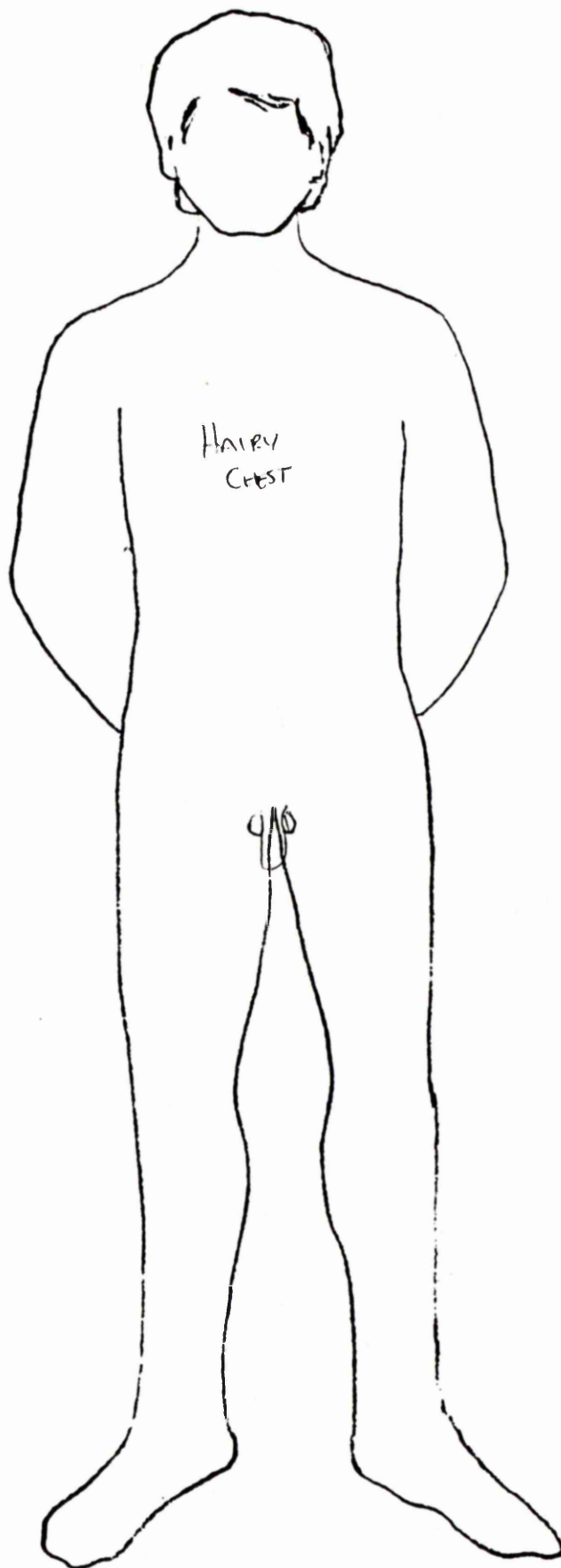


-Penis -
-Scrotum
Pubic hair

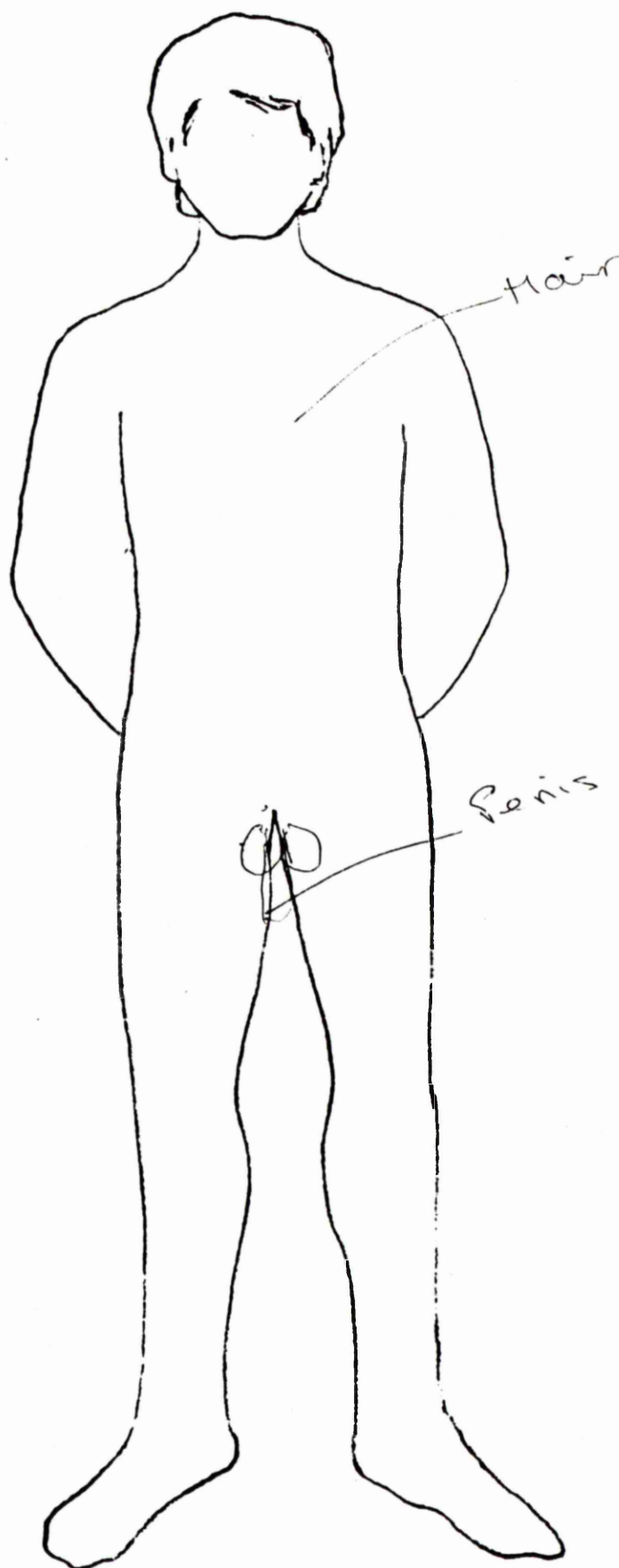
Series D:
Fig. 12



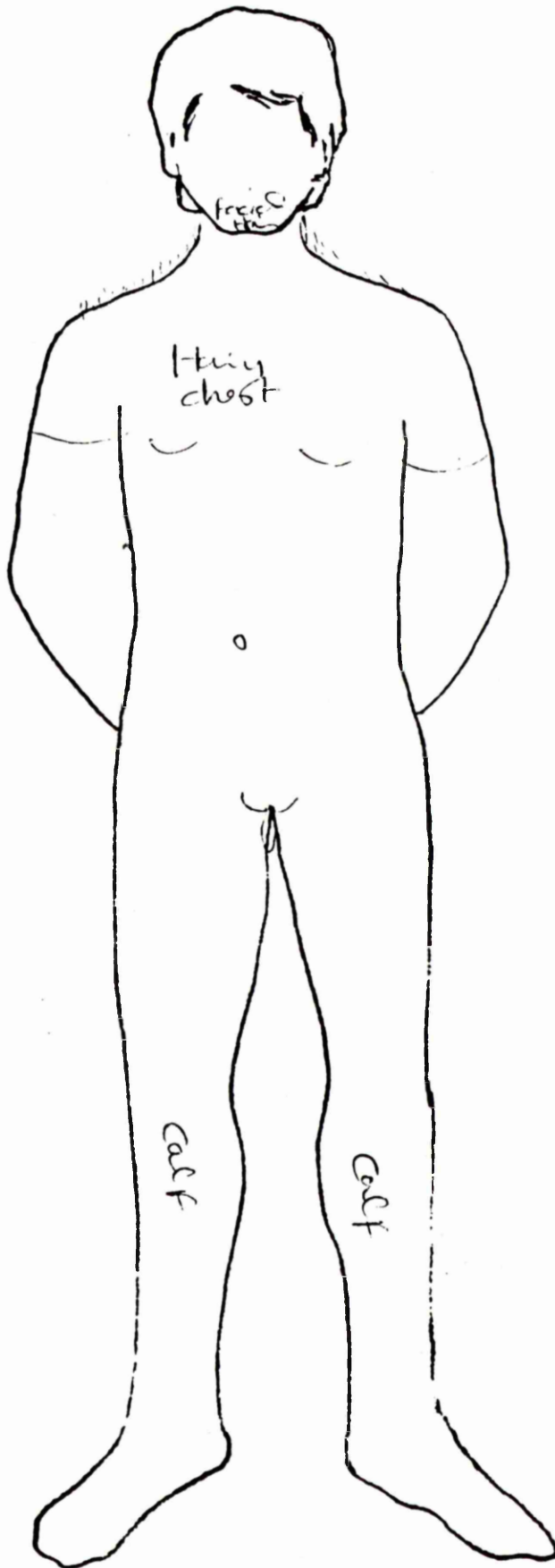
Series D:
Fig. 13



Series D:
Fig. 14

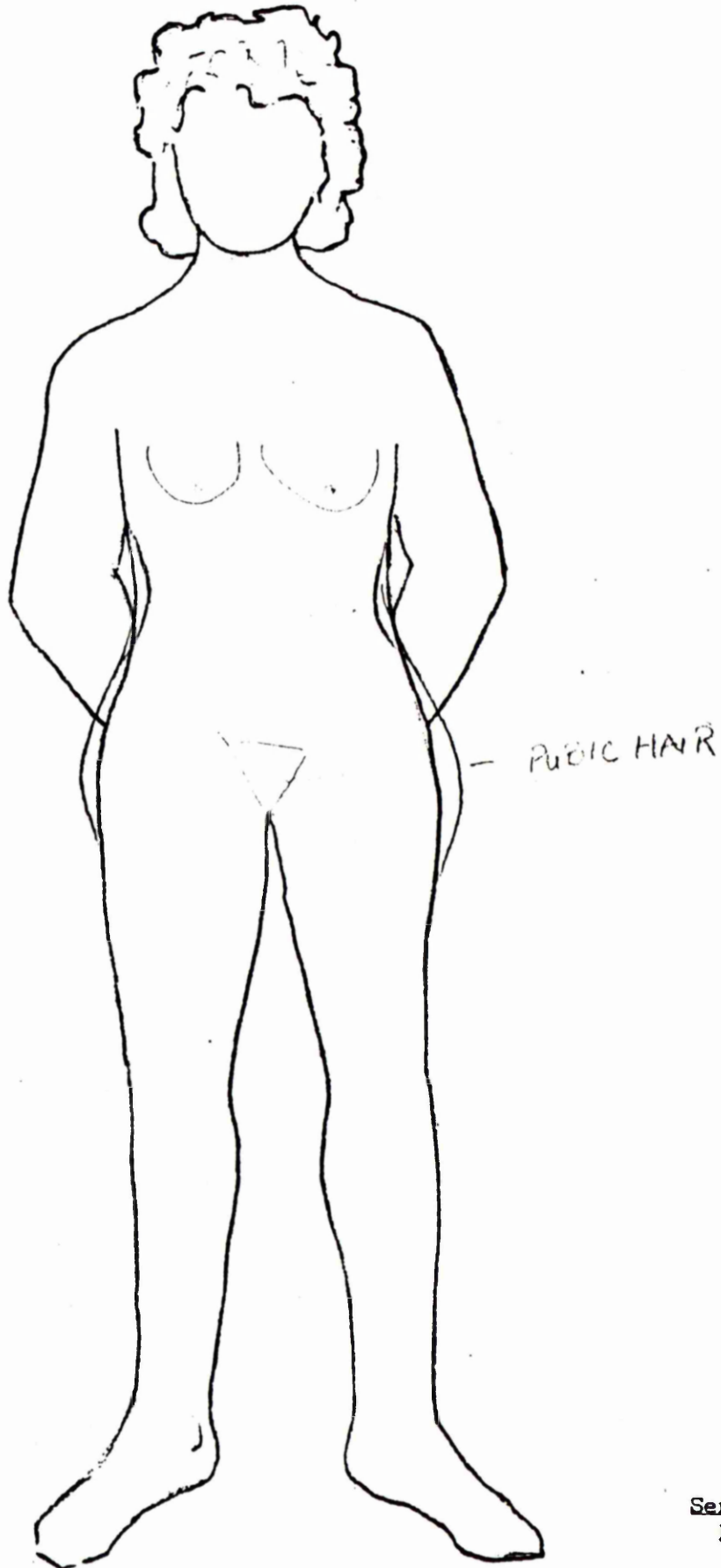


Series D:
Fig. 15

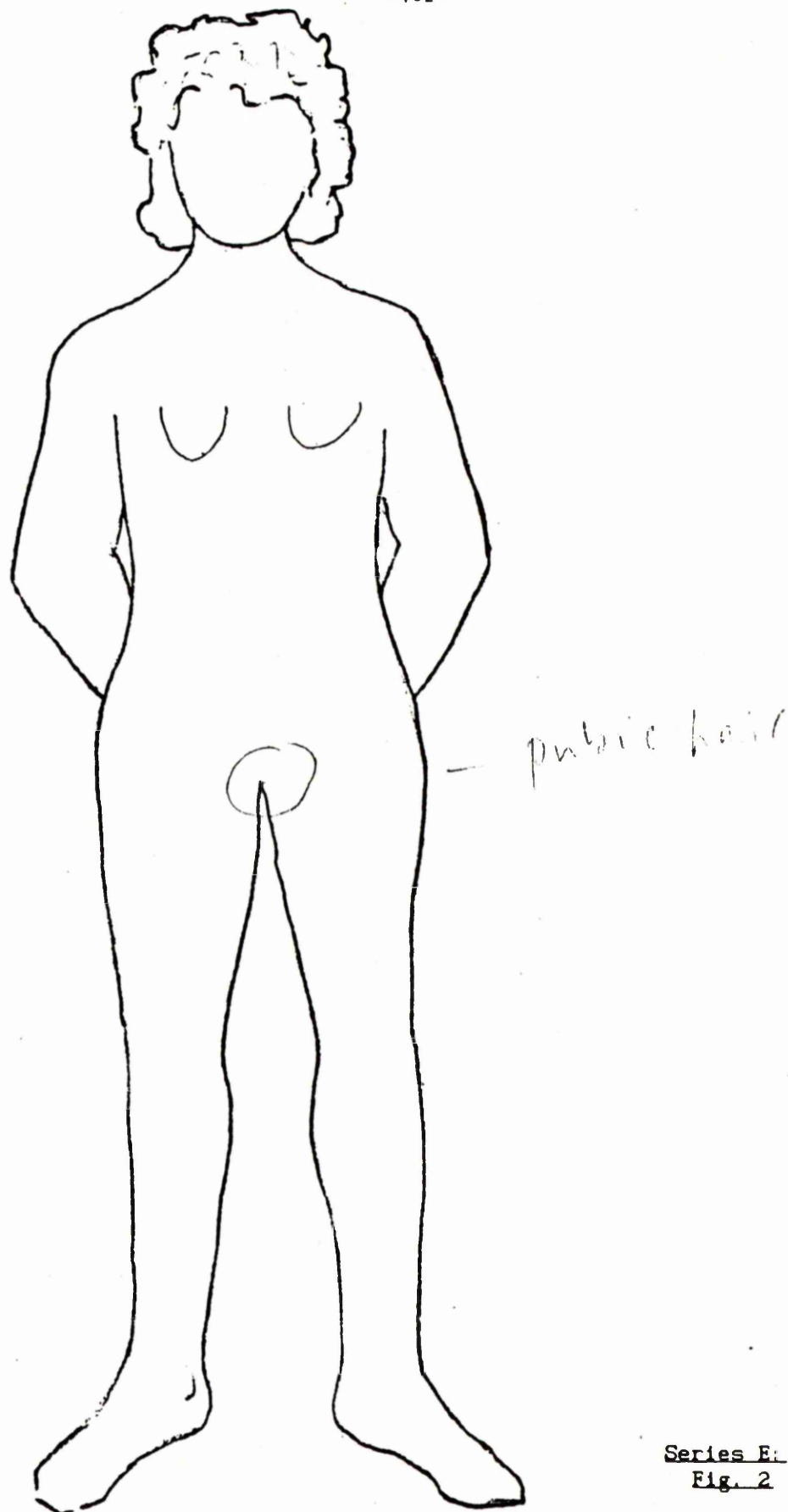


(thicker
arms)

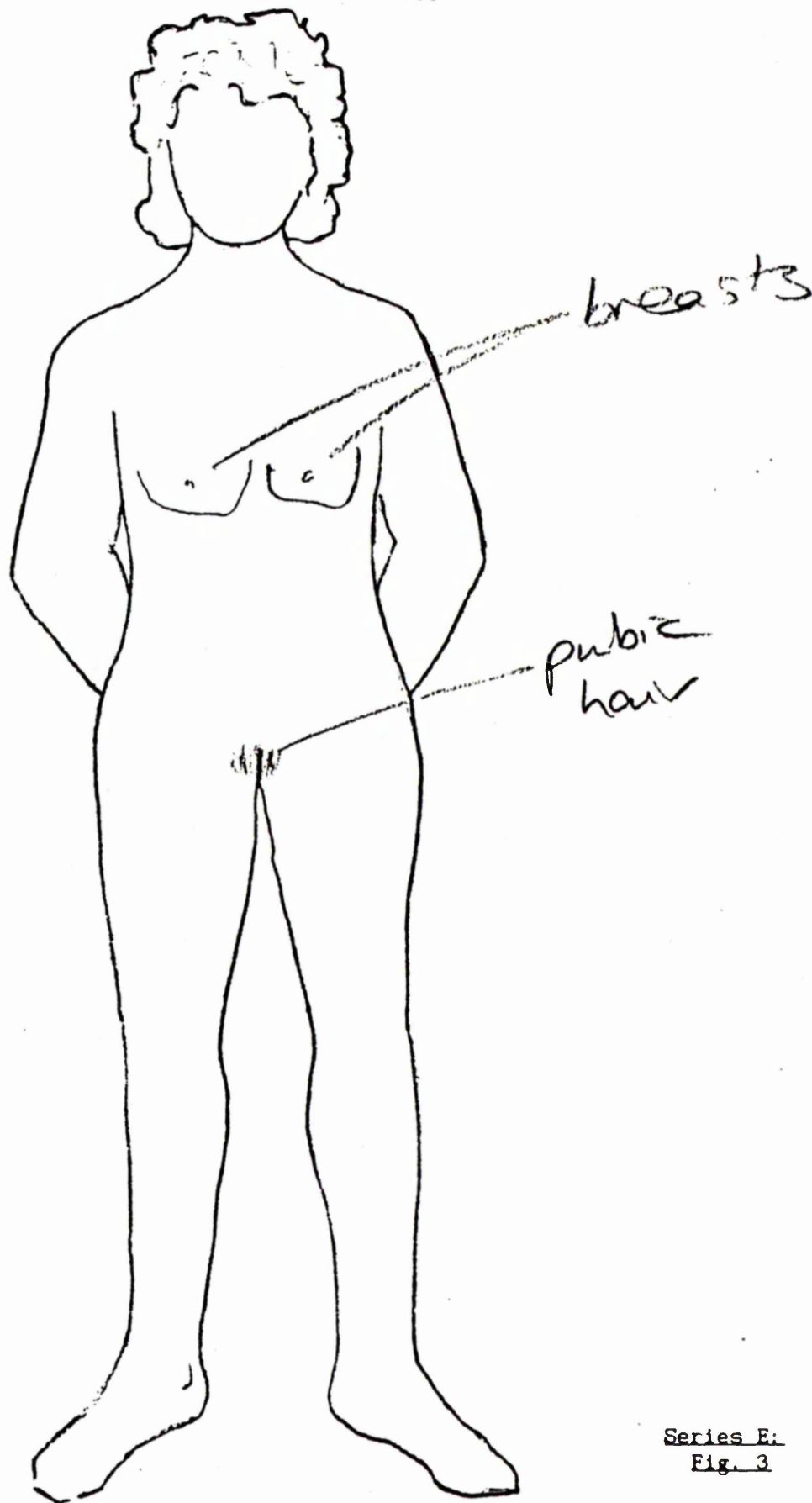
Series D:
Fig. Katy



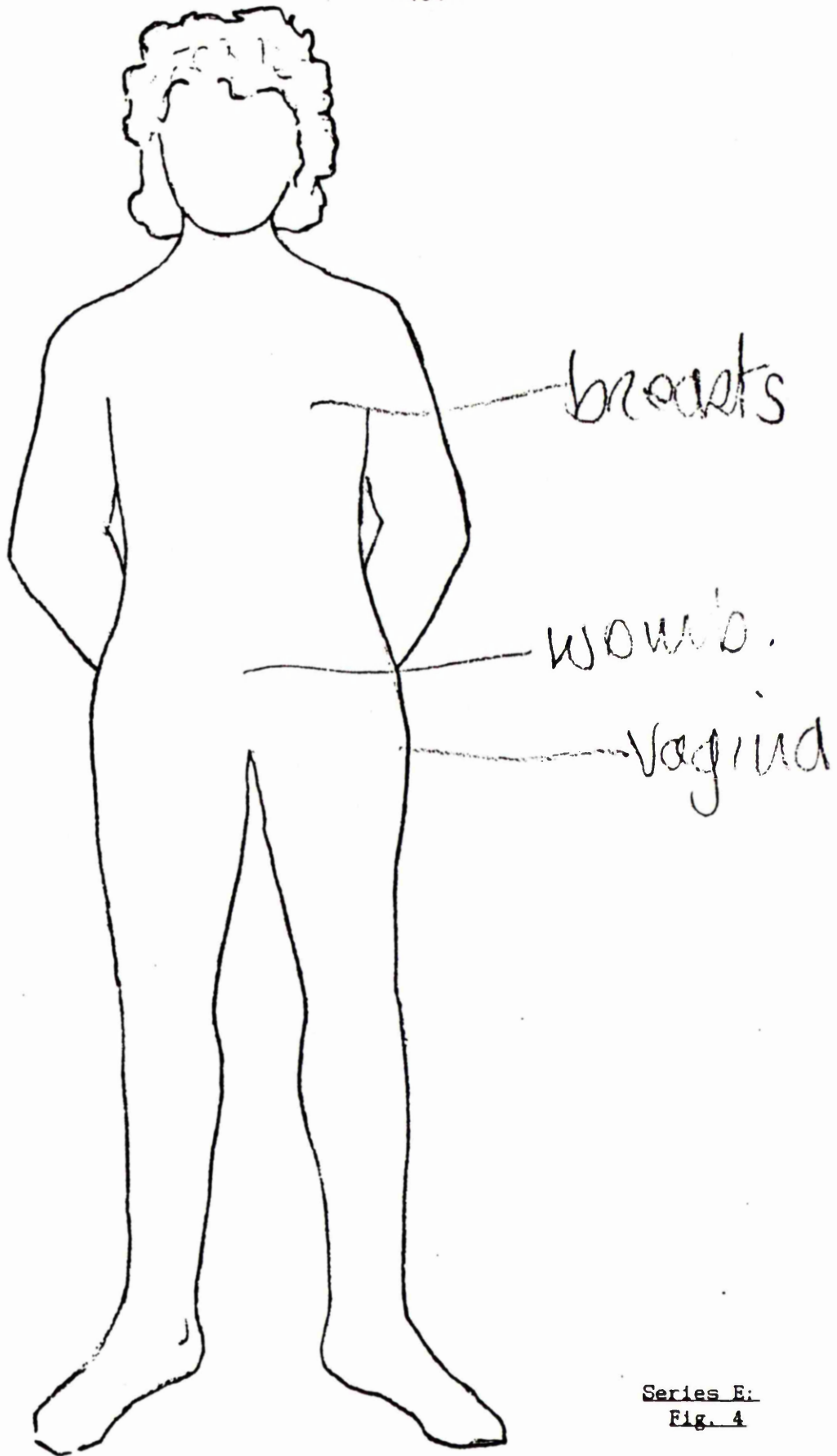
Series E:
Fig. 1



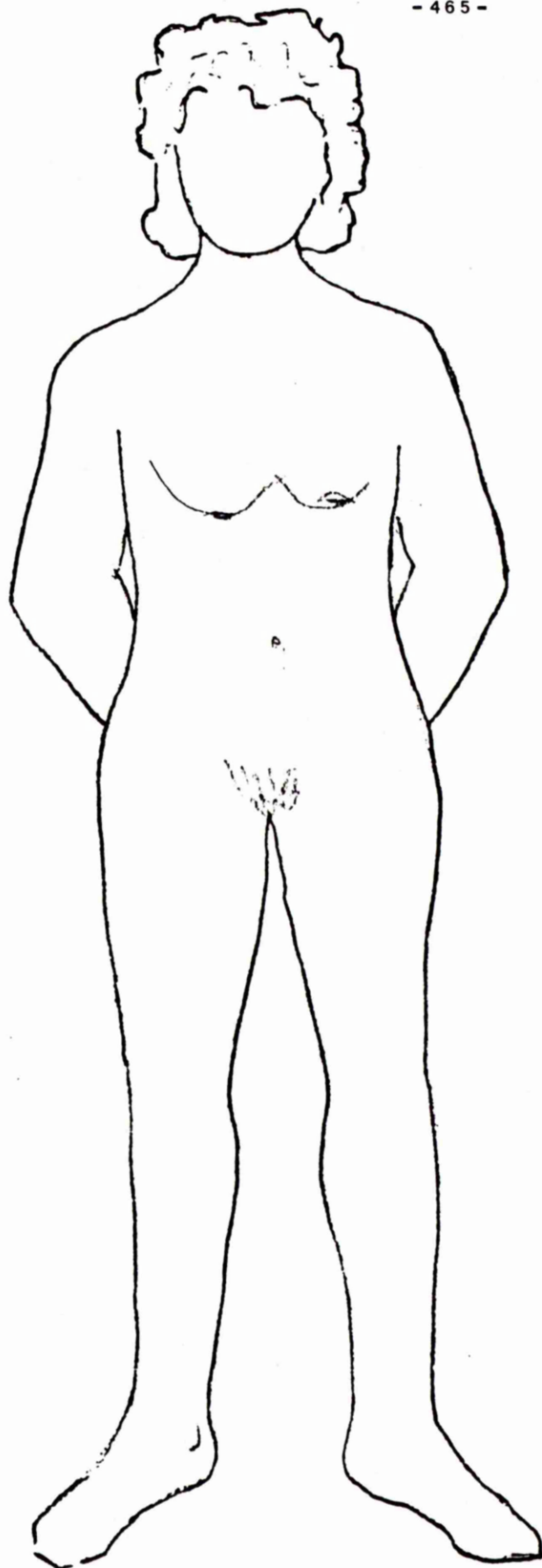
Series E:
Fig. 2



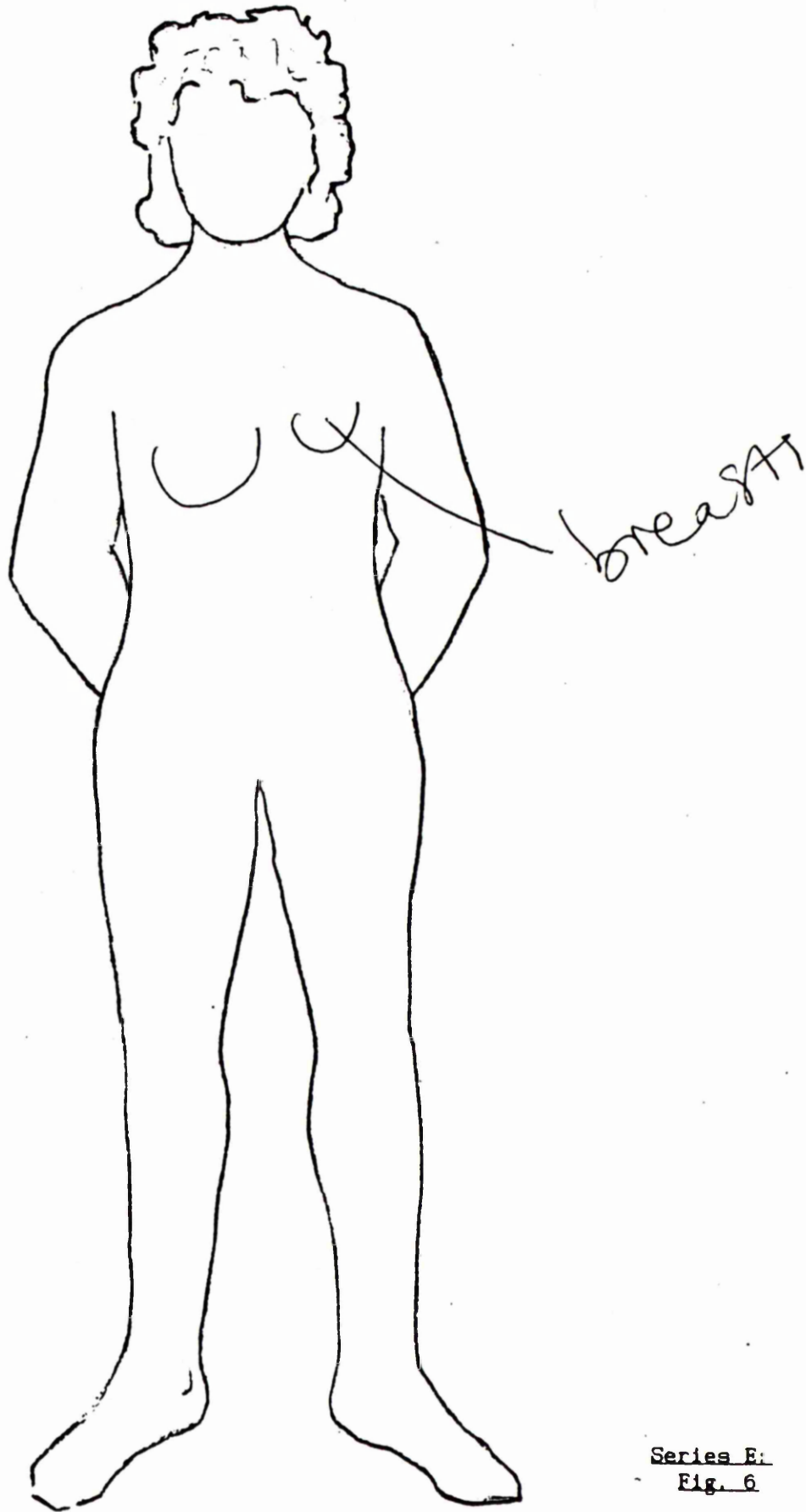
Series E:
Fig. 3



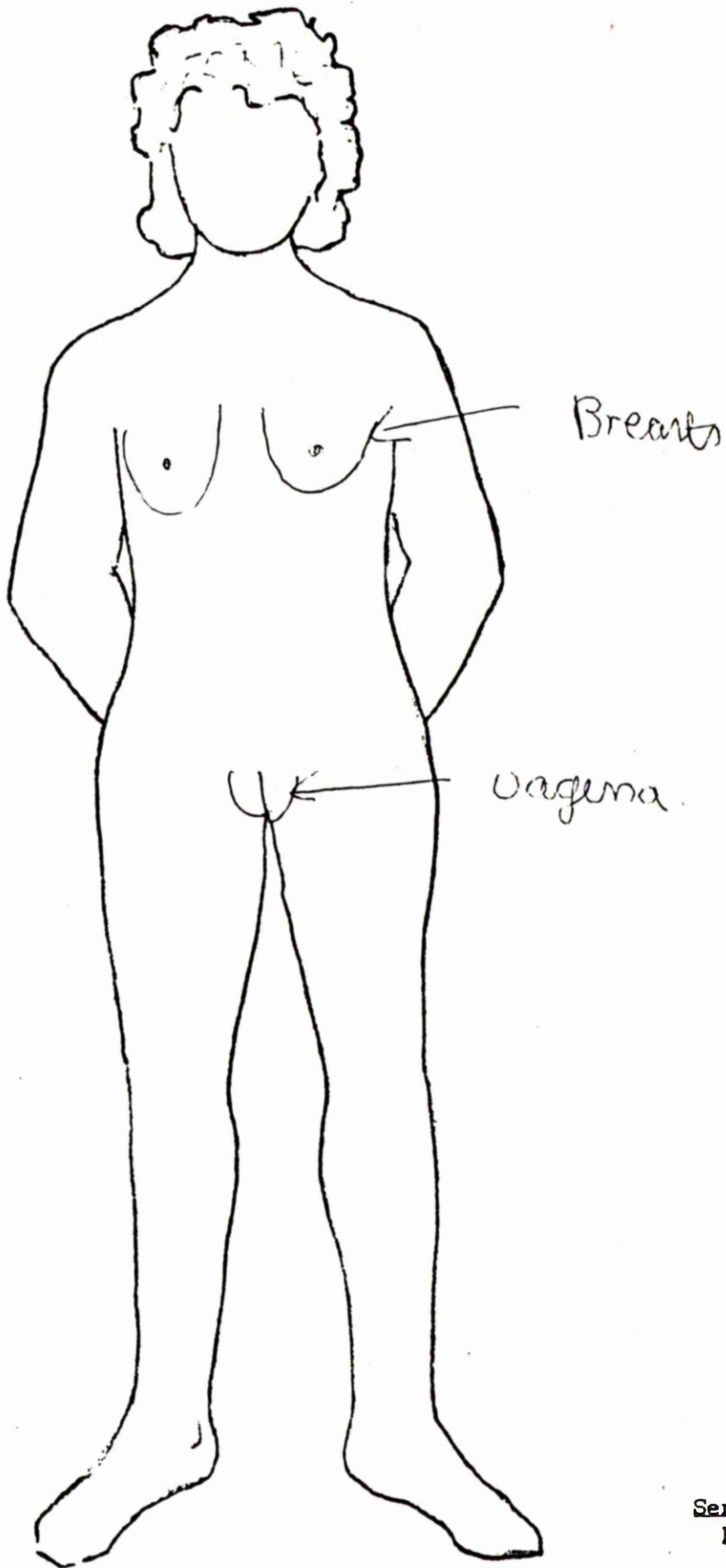
Series E:
Fig. 4



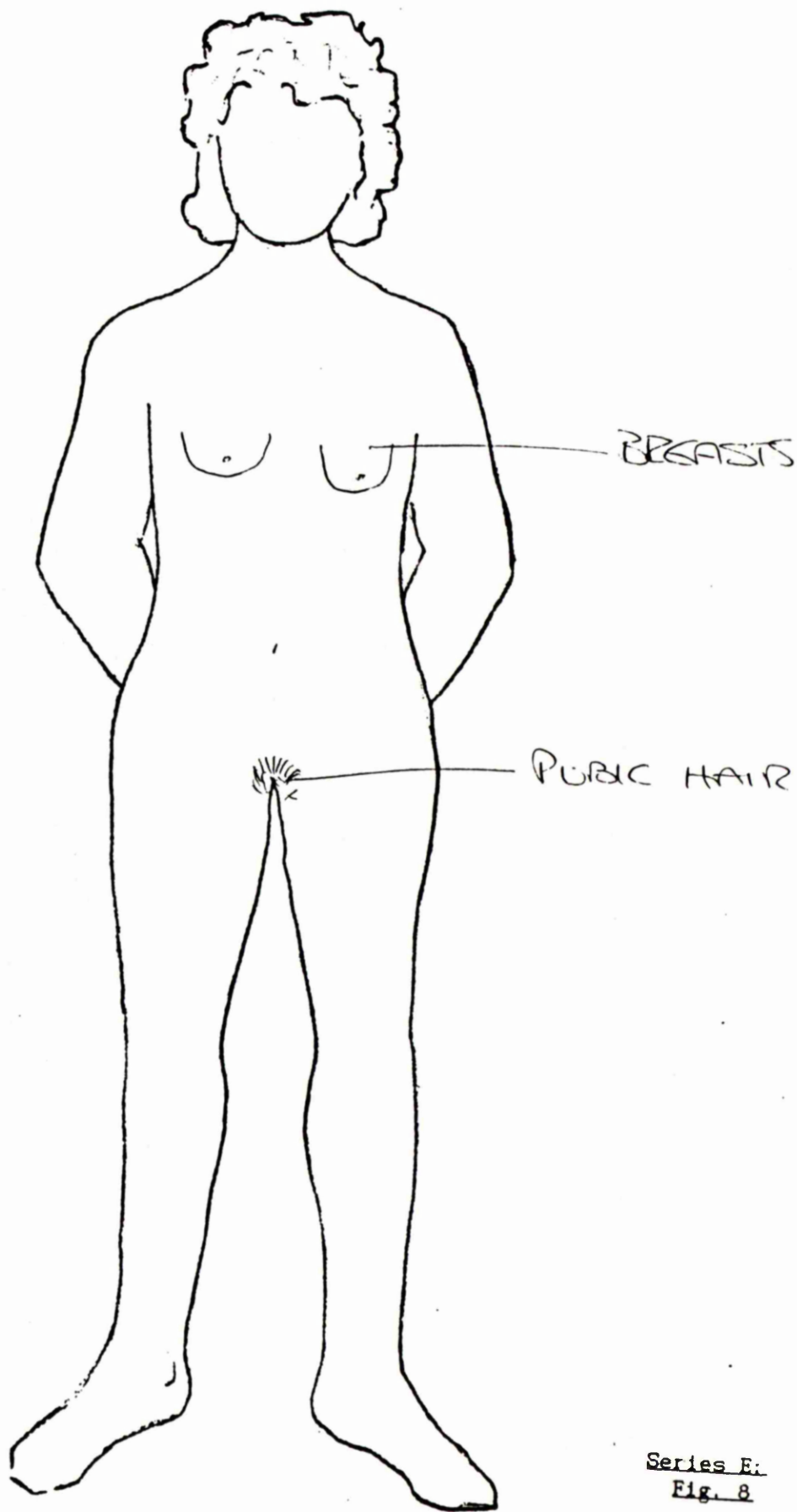
Series E:
Fig. 5



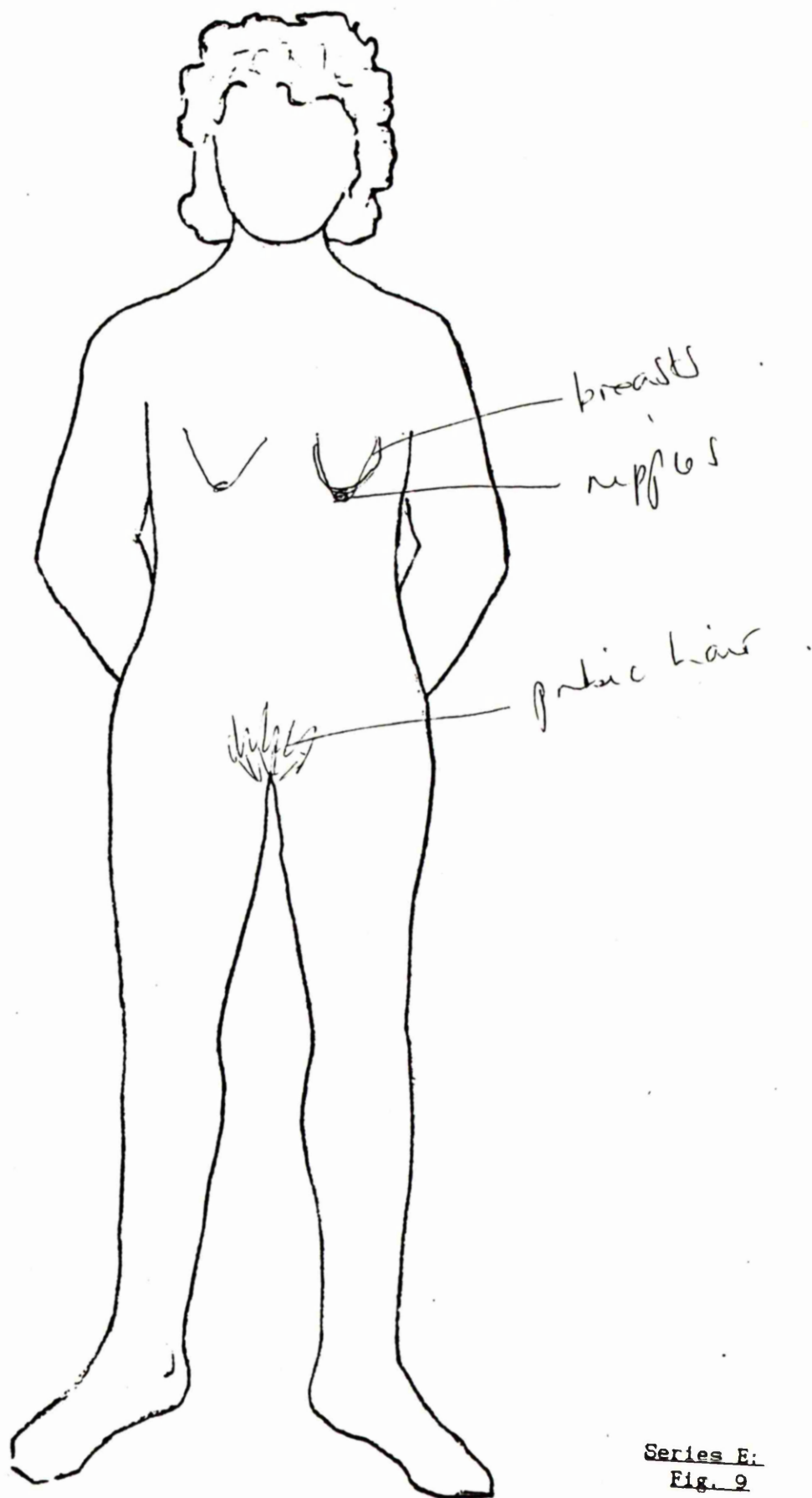
Series E:
Fig. 6



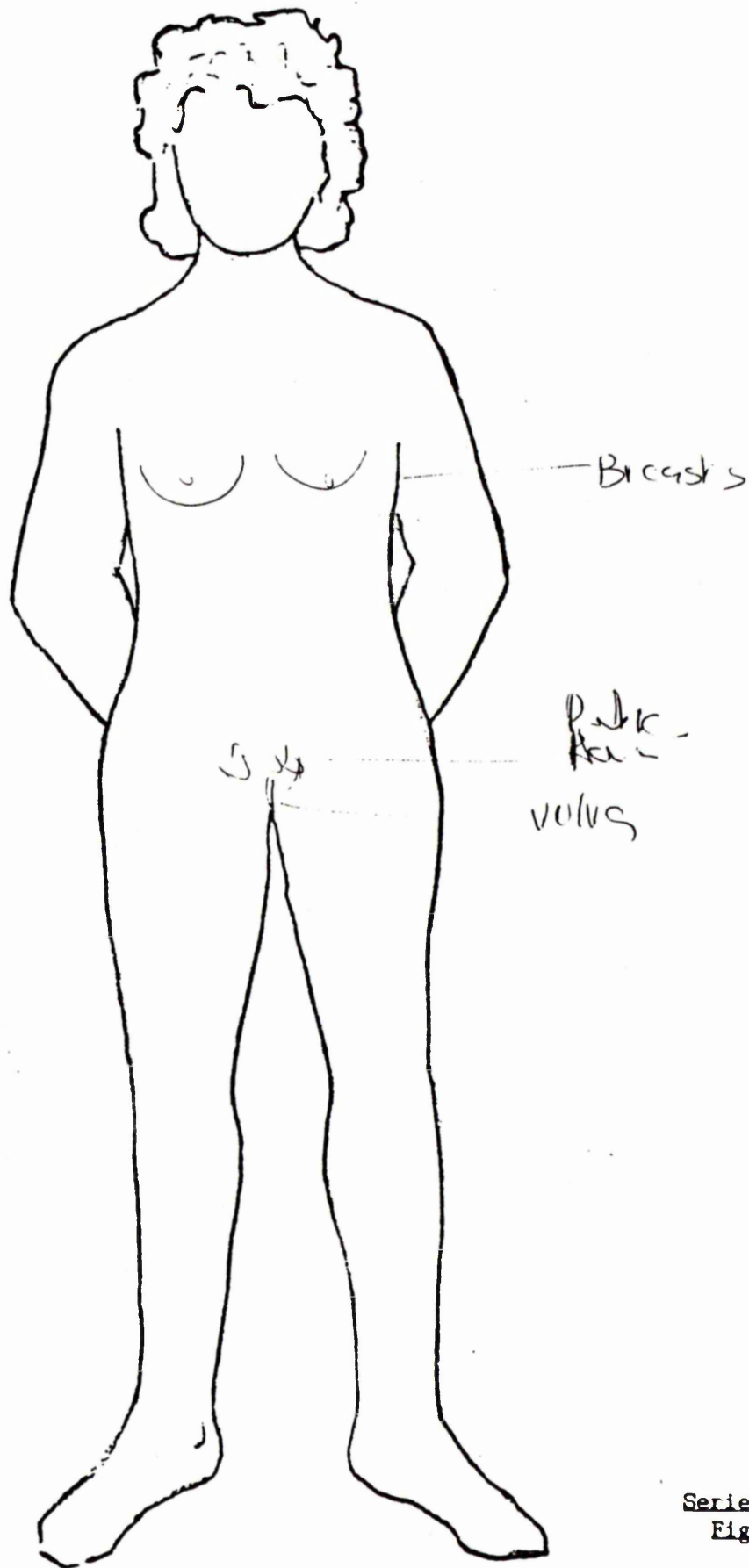
Series E:
Fig. 7



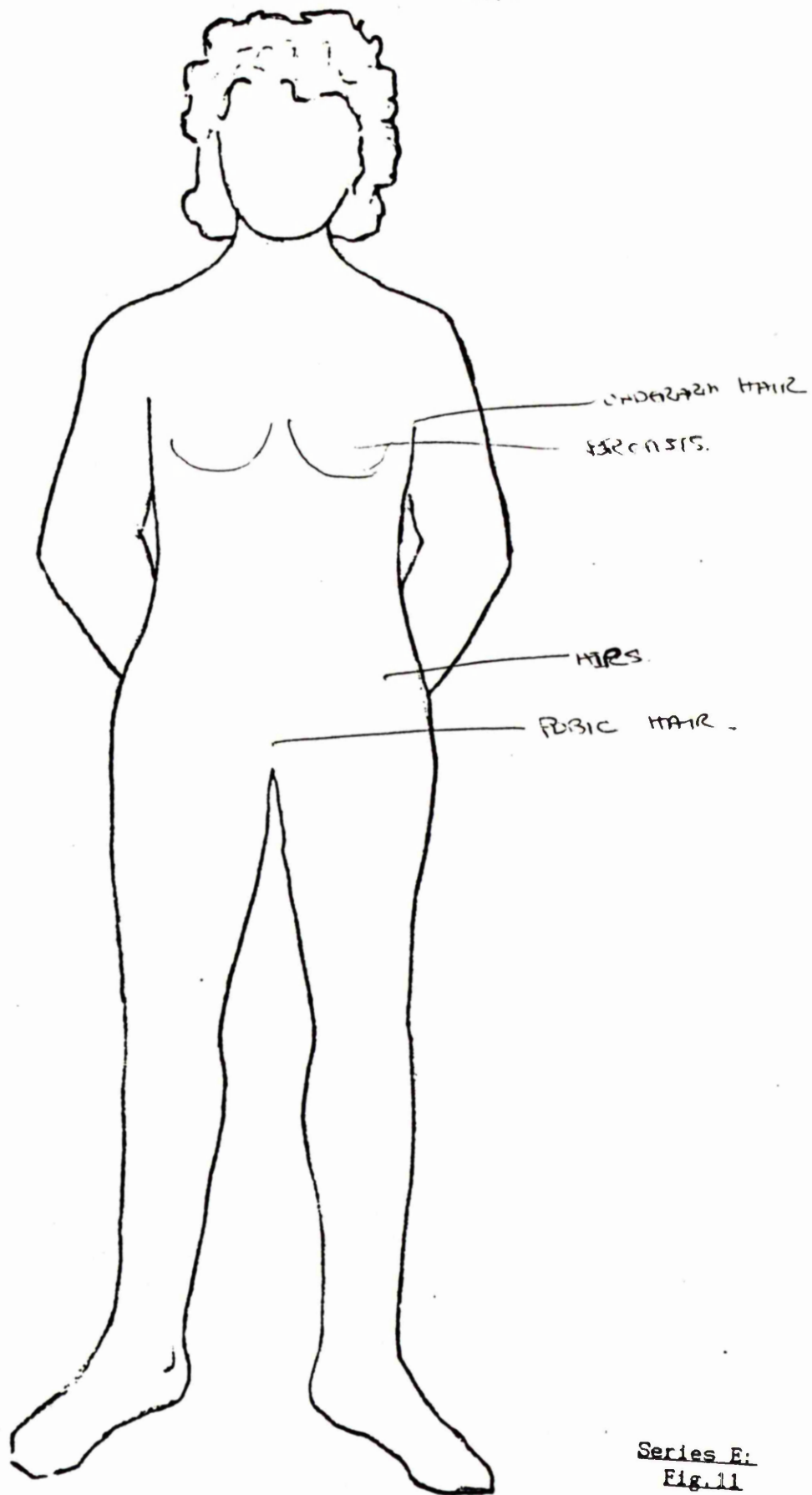
Series E:
Fig. 8



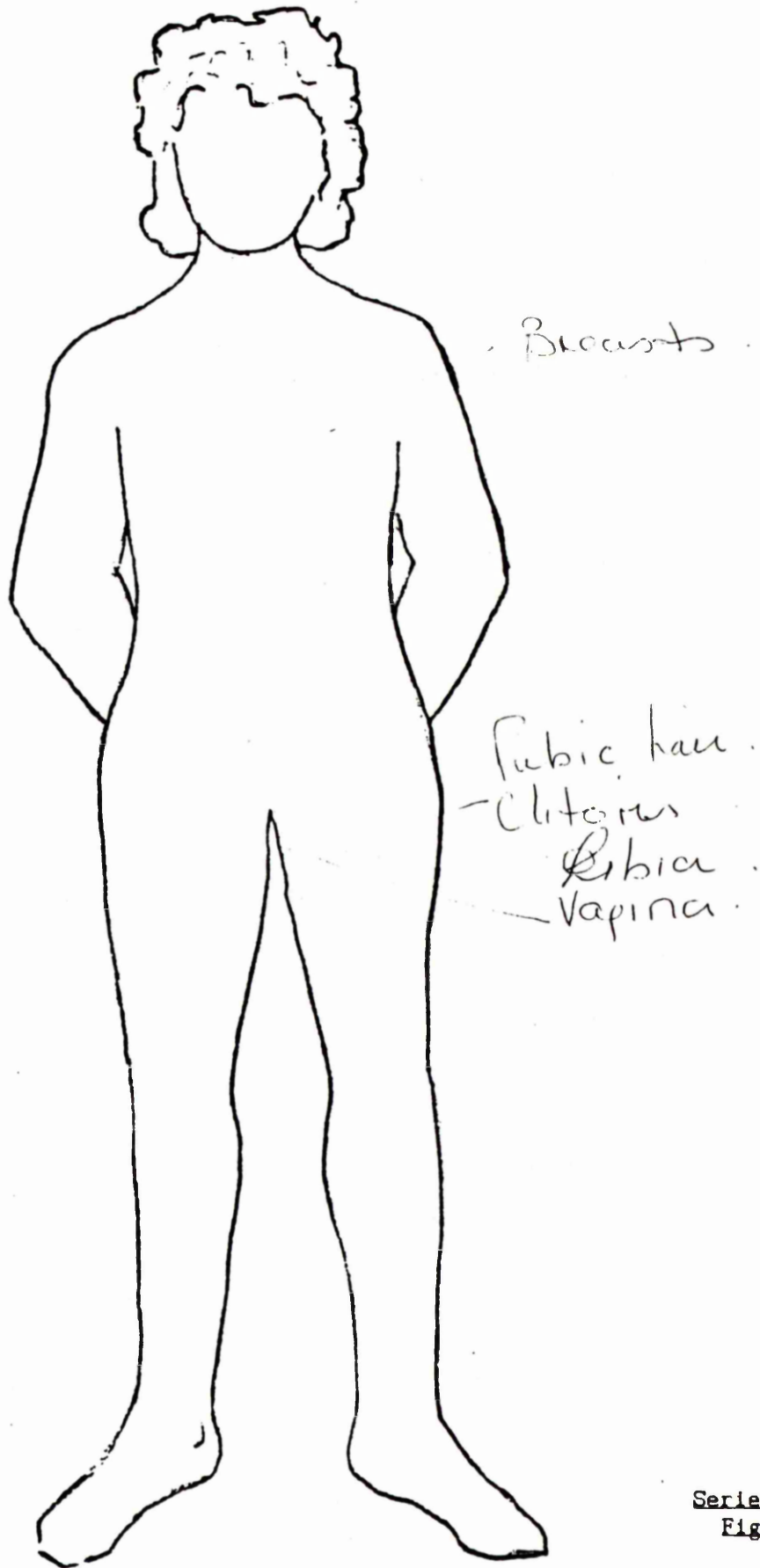
Series E:
Fig. 9



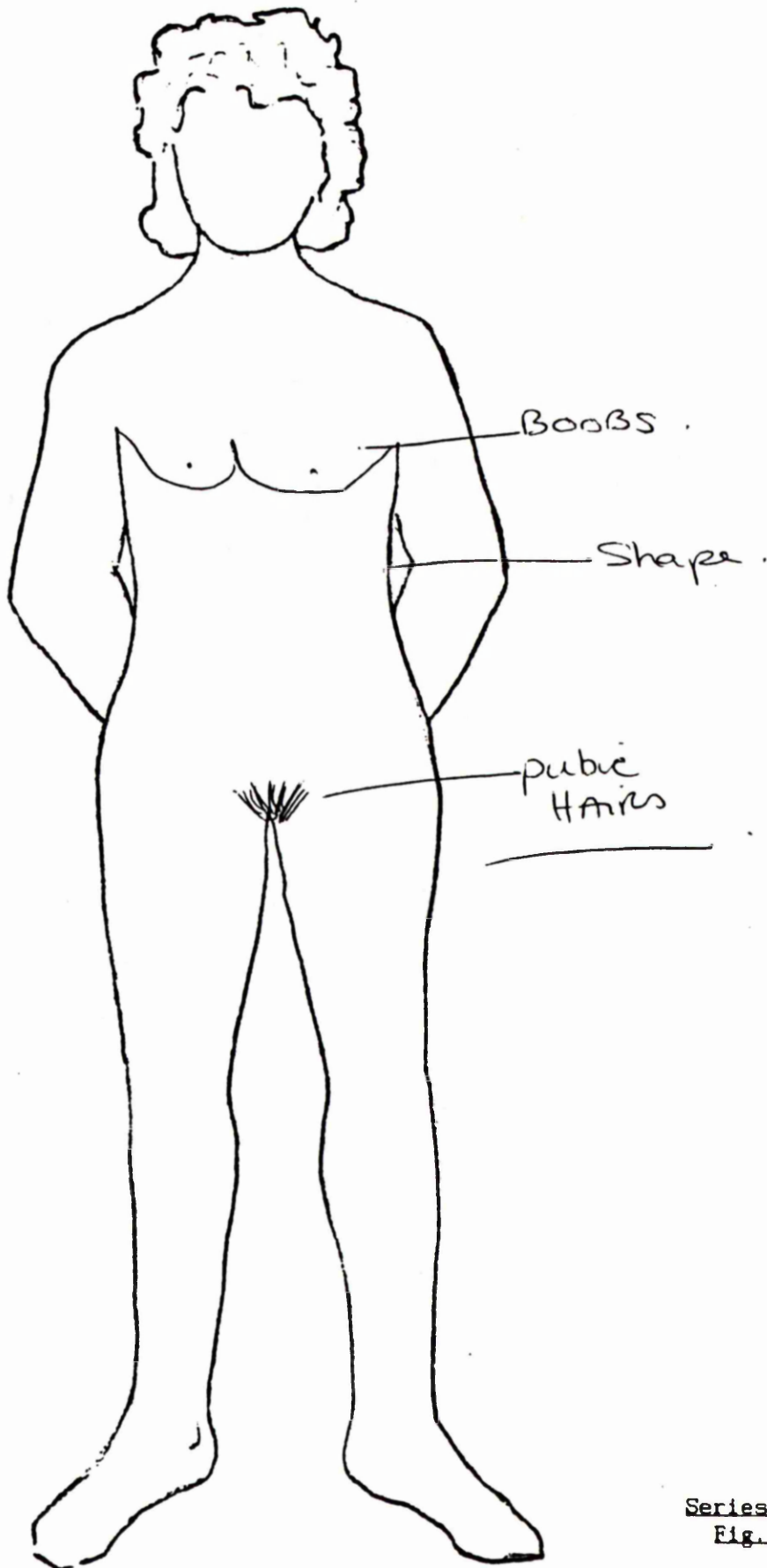
Series E.
Fig. 10



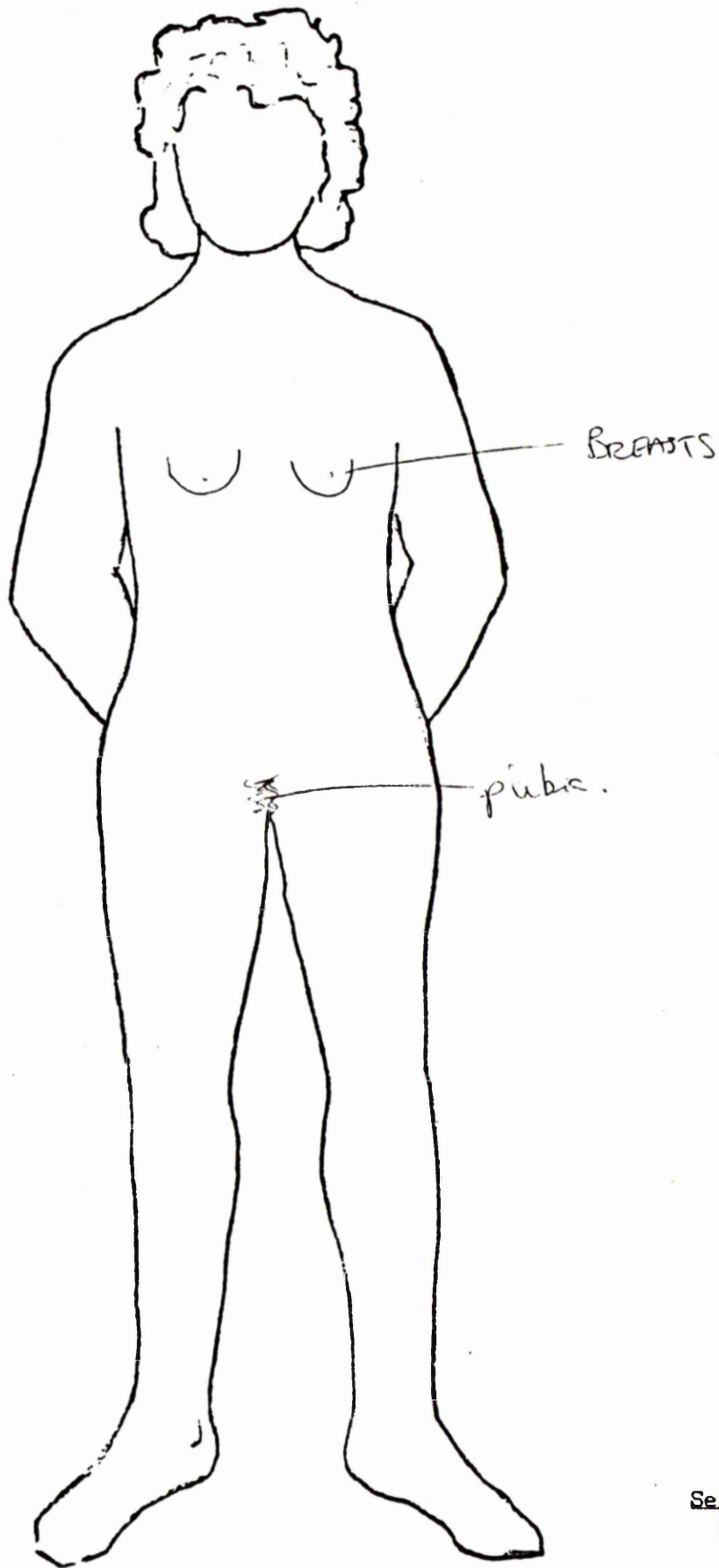
Series E:
Fig. 11



Series E:
Fig. 12



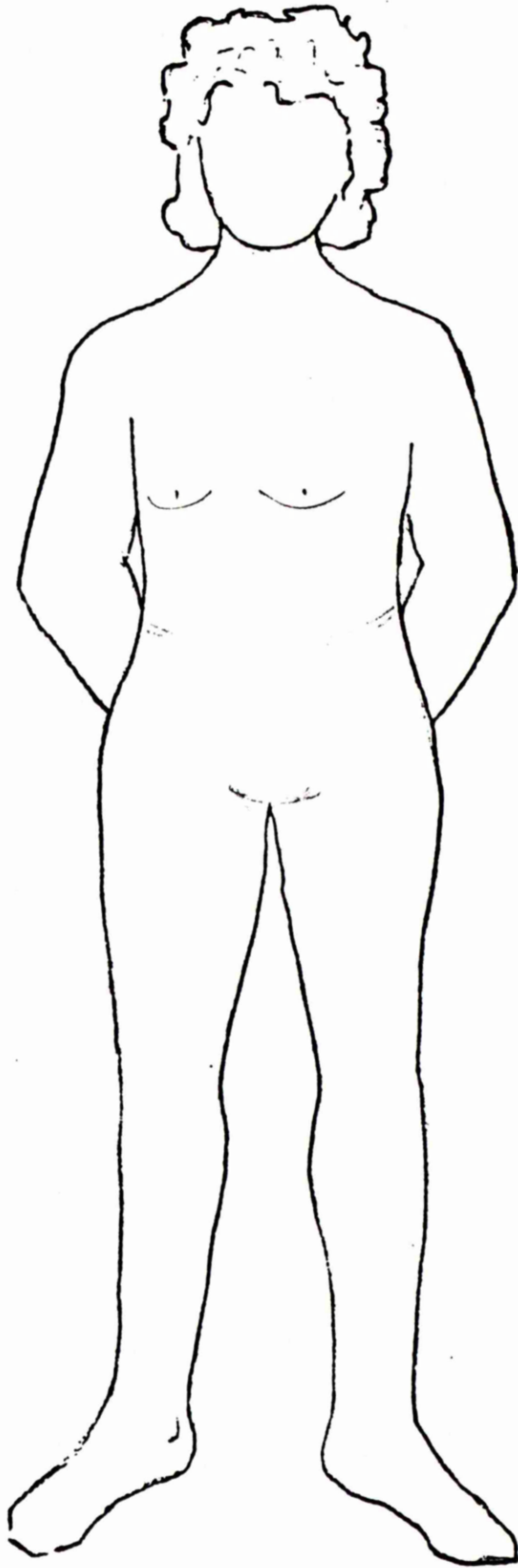
Series E:
Fig. 13



Series E:
Fig. 14



Series E:
Fig. 15



Series E:
Fig. Katy

FIGURES

Fig A KATY: 'BLOOD' and 'FLESH AND BLOOD'

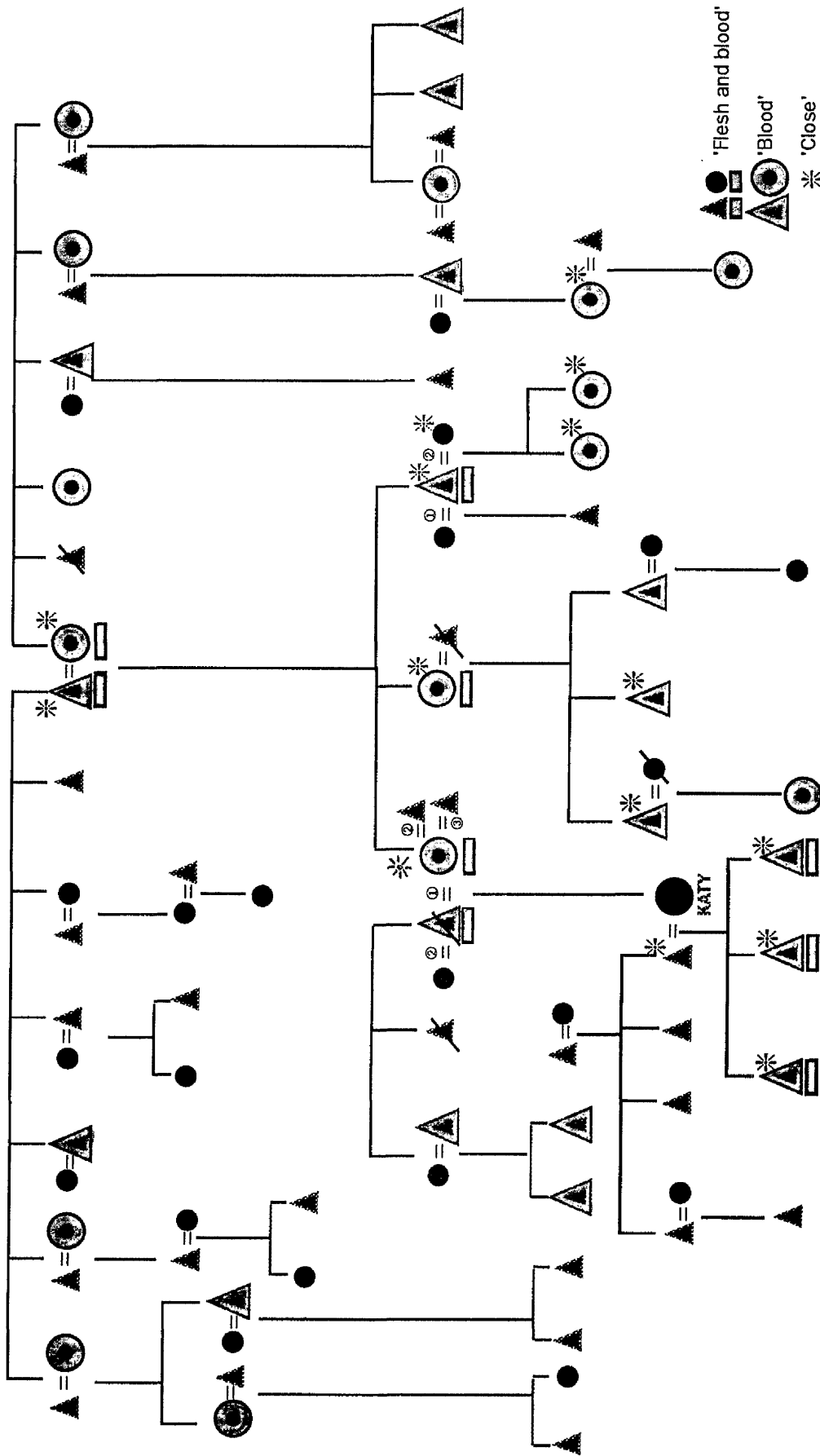
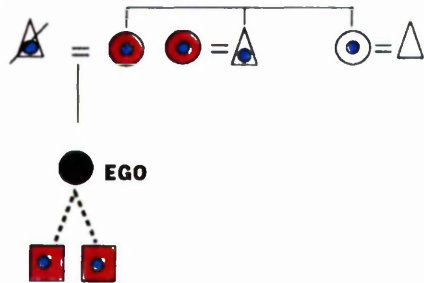
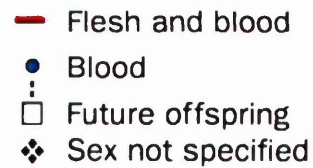
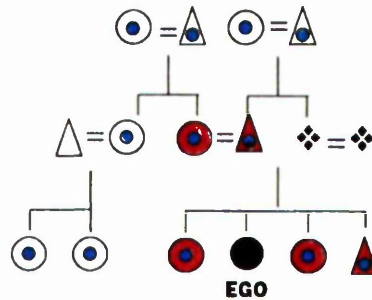


Fig. A

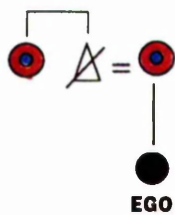
Fig B 'FLESH AND BLOOD'



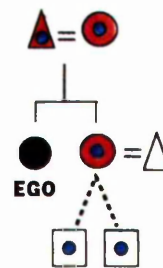
B1 21 year-old chaperone for child actors



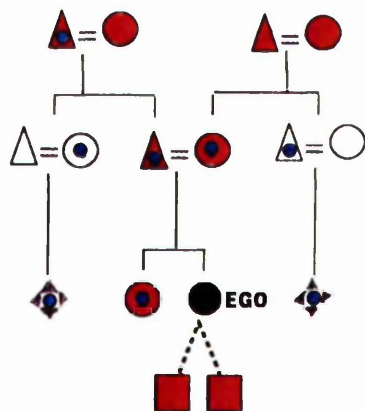
B2 A 34 year-old working in advertising



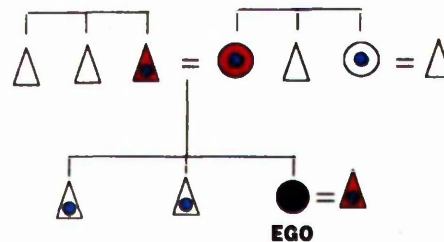
B3 37 year-old buyer



B4 28 year-old free lance illustrator



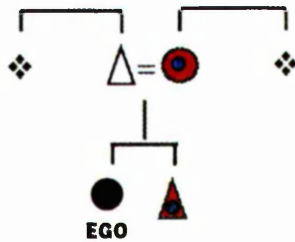
B5 26 year-old secretary



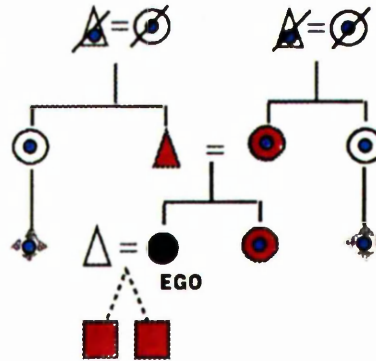
B6 27 year-old legal secretary

Fig B 'FLESH AND BLOOD'

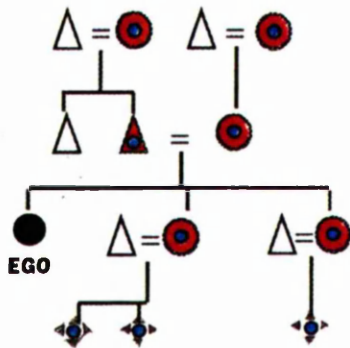
- Flesh and blood
- Blood
- Future offspring
- ❖ Sex not specified



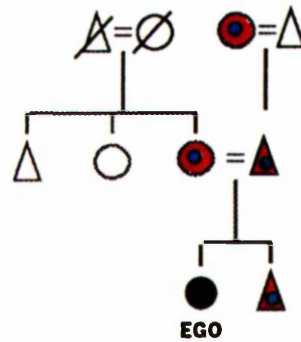
B7 25 year-old secretary



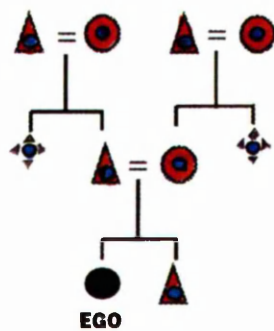
B8 31 year-old secretary



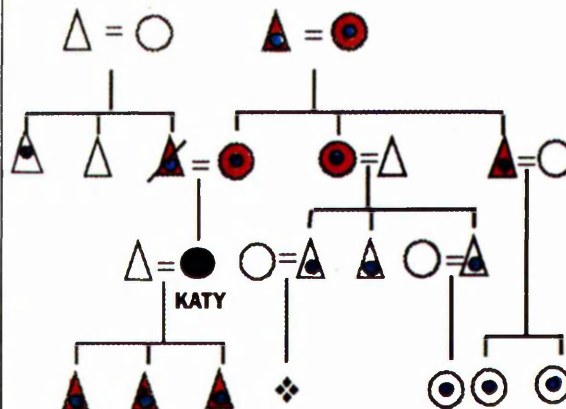
B9 23 year-old personal assistant



B10 26 year-old secretary



B11 29 year-old television producer



B12 28 year-old housewife

REFERENCES

REFERENCES

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